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APPALACHIA REVISITED: THE PERSISTENCE OF HUNGER AND POVERTY IN WEST VIRGINIA

HEARING

BEFORE THE

SELECT COMMITTEE ON HUNGER
HOUSE OF REPRESENTATIVES

ONE HUNDREDTH CONGRESS

SECOND SESSION

HEARING HELD IN MONTGOMERY, WV, JUNE 24, 1988

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APPALACHIA REVISITED: THE PERSISTENCE OF HUNGER AND POVERTY IN WEST VIRGINIA

FRIDAY, JUNE 24, 1988

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON HUNGER,
Montgomery, WV.

The committee met, pursuant to notice, at 10 a.m., in Montgomery, WV, Hon. Mickey Leland (chairman of the committee) presiding.

Member present: Representative Staggers.

OPENING STATEMENT OF HON. MICKEY LELAND, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TEXAS

Chairman LELAND. Good morning. I would like to apologize for our late start this morning, but it was unavoidable. We had three site visits this morning, starting at 7:30 a.m., and some took a little longer than we had originally anticipated.

On behalf of the House Select Committee on Hunger, I am Congressman Mickey Leland. I am chairman of the House Select Committee on Hunger.

I would like to thank, very much, my good friend, Congressman Harley Staggers, for inviting us to West Virginia to examine the effectiveness of Federal food assistance programs in combating hunger in this State.

You can be assured that your Congressman is an active, caring member of the Hunger Committee as well as the Agriculture Committee, which, in fact, has jurisdiction over many of the programs we will be discussing today.

I would also like to thank all of you for taking the time to join with us this morning, and let me also extend a word of thanks to the Congressman who represents the adjacent district to Congressman Staggers' district, Bob Wise.

Let me note here that several other members of the committee would have been here, but our schedules are getting tighter and tighter as the election season again approaches us. We are also nearing the close of the session and we are trying to get as much done as possible, both in Washington as well as in our respective congressional districts.

More than two decades ago, a focus on poverty and hunger in this country transformed this great State of West Virginia. Once recognized as a pristine land abundant in natural resources, West Virginia is now experiencing rampant poverty and hunger.

The plight of the poor in West Virginia and other Appalachian areas helped to ignite the development and implementation of an expansive public assistance network to aid the poor in securing a decent standard of living.

However, while much can be said about the expansion of Government programs and services available to help the poor, the existence of these programs is inconsequential if people in need cannot get the benefits they are eligible to receive.

In preparing for this hearing, I took a long hard look at the committee's research on rural poverty. What I found was both distressing and certainly alarming. Since 1978, the poverty rate in rural areas has increased by one-third, from 13.5 to 18.1 percent in 1986.

Of the 32 million Americans in poverty in 1986, 9.7 million of them lived in rural areas. West Virginia typifies this poverty. The State suffers a poverty rate of 22.3 percent. This means that 1 in every 5 persons lives in poverty.

Over 77,000 persons are unemployed, yet only 27 percent have unemployment coverage. Of the 432,000 persons in poverty, only 114,000 receive benefits from the Aid to Families with Dependent Children and only 269,000 participate in the Food Stamp Program.

The maximum AFDC Program monthly benefit for a family of three totals $249, an amount which is only 33 percent of the 1987 poverty threshold. We have heard from mothers in West Virginia that they would not be able to adequately feed their families if they did not have their gardens.

We have been told that the high cost of utilities consumes any money families might have been able to use to supplement their food stamp benefits. I am gravely concerned about this situation.

For many residents of this State, the outlook for prosperity in the near future is dismal. Most families do not even think about how things look down the road because they are exhausting every thread of energy confronting the day-to-day struggles of making ends meet. But West Virginians are a proud people and they will stretch themselves to the furthest limits to survive.

Today we will hear from private citizens, program administrators and emergency aid providers about the impact of poverty and hunger on low-income West Virginia families. I look forward to today's testimony and the recommendations we will receive on how we can help to alleviate these tragic conditions in this part of our Country.

[The prepared statement of Mr. Leland appears at the conclusion of the hearing, see p. 55.]

Chairman LELAND. Now let me turn to a good friend, the person whom I alluded to earlier. He has served this community and, like his father, has set a tremendous example for all of us in the Congress of the United States, the Honorable Harley Staggers.

Harley.

OPENING STATEMENT OF HON. HARLEY O. STAGGERS, JR., A REPRESENTATIVE IN CONGRESS FROM THE STATE OF WEST VIRGINIA

Mr. STAGGERS. Thank you, Mickey.

I want to thank you all for coming and I want to also thank my friend, Mickey Leland. If you look at us and you know that Mickey is from urban Houston who grew up, I guess, in a single parent family with a very hard-working mother who was a fine example for him and his brother, you can see that I am from rural America, from Appalachia and not from Texas, you would think that we would have a lot of differences. Actually, there are a lot of similarities.

Mickey and I live in the same apartment building so I have gotten to know Mickey very well. In fact, he bailed me out one night when I could not pay my taxi fare home after a late-night session.

I think there is a thread that runs through Mickey Leland that is common to all great legislators. He is very compassionate and he is very caring, and that is why he is the chairman of the Select Committee on Hunger. I appreciate him coming to West Virginia.

One of the first things that I set out to do was to try to destroy part of the myths that are associated with West Virginia. As we rode around the hollows and the twisting, turning roads, Mickey did not see any moonshine stills. He saw that we do wear shoes in West Virginia and that it is not a backward State.

In fact, we have a lot of potential and we have a lot of growth, and that needs to be emphasized. As West Virginians, we need to emphasize that. We need to emphasize that the programs that were instituted in the sixties and the seventies are, in fact, working. We were able to visit some families and they are receiving benefits from these programs.

The problem is, we have to do better. We are not doing enough. In West Virginia, those who qualify for assistance are unlikely to receive sufficient amount of benefits to lift them out of poverty. If you take the AFDC and the food stamps combined, you equal 63.1 percent of the poverty line.

On a positive note, West Virginia has been very innovative, State officials who have been working very hard have been innovative. Of the 28 States in the United States, we are one of those that provide the AFDC UP, which keeps families together. If you have a two-parent family, you can still receive the AFDC and that is a very positive thing.

That is one of the controversies that is in the welfare reform bill that the current administration in Washington does not want to do. We are already doing that in West Virginia. So we do have some positive things but, at the same time, we have some negative things.

The WIC Program, which has proven to have a major impact on reducing the incidence of low birthweight, of the births in West Virginia, less than 40 percent that are eligible, actually participate in the WIC Program. So we have a lot to do and, like with any other investment, it may cost money.

I think one of the best things that can come from a hearing like this is that maybe we can prove that there is a problem. Recently, even our Governor mentioned that, "Well, obviously, there is no problem." I think it is an unseen problem.

There is no starvation. You do not walk out here on the streets and see people keeling over. It is not like a Third World nation,

where the problems are obvious. We have come a long way, but too often it is invisible.

I know in my home county, a teacher wanted to bring her class down to Washington to see the homeless, because the homeless in Washington are visible. She wanted to prove to them that there was a problem in the United States because her class felt that there was not a problem, that people, in fact, received as much as they want.

I think part of the problem in West Virginia is not so much starvation, but it is poor nutrition. Another myth that, hopefully, I do not have to destroy for Mickey Leland, but hopefully, we may be able to destroy it for the rest of the Nation and the other Members of Congress, is the welfare myth.

I think that a lot of people feel that the Federal nutrition programs go to some black lady up in New York City. Well, that is not true, either. Proportionally, there is more poverty in rural American than there is in urban America.

Hopefully, maybe, if we can go back and tell our white colleagues that there are the traditional WASPS, white Anglo-Saxon males, that there are problems, that maybe we will be able to destroy part of those racial type of barriers.

Why should the Government be concerned? If for no other reason, it is because of our children. They have not failed because they did not try. They have failed because they have not been given an opportunity. We cannot point to them and say, "Well, I made it. Why can't they make it?" They have never been given the chance.

If there is anything that is our future, it is not some weapons system that we are spending for in the Pentagon budget, but it is our children and we cannot afford to skip a generation. We cannot afford to say, "Well, we don't have the money now, so we will let a third of the children," actually it is over half the children who are born into poverty in West Virginia. We cannot say, "Well, we will let a half of our children just go and hopefully, we will make it up in the next generation."

If we are going to be competitive, we cannot afford to do that. You cannot develop if you do not have proper nutrition. You cannot learn if you do not have proper nutrition. We cannot be competitive.

The cost of keeping these children will be much more than the cost of actually just giving them a chance.

For another reason, we all have grandmothers and grandfathers, and we saw some of those people on our visits. Health care is an important issue. Ali the presidential candidates have talked about it. All the media has focused on health care. Well, nutrition has to be part of a good health care plan. Once again, we add to the cost of health care if we do not provide adequate nutrition.

For those who would say that, "Well, we have increased it at the Federal level. I mean, just look at the figures." That is the thing that gets my goat, probably, the worst, is these people who say, "Well, this administration has been very successful because look at the money."

We have spent more. We are spending more now than any other administration has. That is because we have more poor. That is be-

cause we have more need. That is just because of demographics, as we grow.

I guess we could make the same argument, which politically would not be very good politics, if we told Social Security recipients, "We're spending more money on Social Security, so we will actually cut your benefits."

I do not think that the people would stand for that. It is unfortunate, because of the welfare program, that voices are not often heard because they are not, maybe, as well-educated and do not have an organized lobby and, in many cases, are young people not eligible to vote because they are not old enough to vote. So we need to focus on those aspects, too.

There are needs and there have been cuts. Even though we are increasing the dollar amount, the needs to those individuals are still there. That is why we need to do something and that is why we will do something.

I am not worrying about my colleague sitting to my right, I am not worried that he will do the right thing. He always has. As I said, there is a common thread that runs through him. What we need to do is convince other Members of Congress.

Right now, we have many programs that are moving through the Congress. One of those has just recently been marked up. That is the nutrition bill, I am a member of the subcommittee out of which the bill was reported. It will increase the food stamp benefit levels. It will assure that commodities will be available for the surplus foods program, the temporary program which should be permanent, so that we can get some of the surplus commodities to the States. It includes money for the purchase of foods for distribution to soup kitchens and food banks. That is an important step.

Welfare reform is needed so that we can actually give the chance to people who want to work the opportunity to work and the training that is necessary. It amazes me that one-third of the United States adult population cannot read or write, are functionally illiterate.

That is something we need to correct. That is something we cannot ignore if we are going to be competitive, if we are going to have a sound fiscal policy, these are the types of investments we need to make.

As I said earlier, when you talk about investments, you do not talk about cutting programs. If you are going to make an investment in the stock market, you do not take money out of the stock market. A lot of times, this will mean actually investing money. So when you talk about investments, it is an investment of money.

We can target these programs better, we can reform the programs better, and we can make them tighter and get people who are not supposed to be on these programs off those programs. But the bottom line is that there is need in the United States. There is need in West Virginia. And we have to do a better job.

I think a hearing like this will help us to convince our colleagues.

I thank the chairman again, for coming into West Virginia.

Chairman LELAND. Thank you very much, Harley.

The ranking Republican member of the House Select Committee on Hunger, Representative Bill Emerson, could not be with us

today; however, he did prepare a statement that I would like to submit for the record without objection.

[The prepared statement of Mr. Emerson appears at the conclusion of the hearing, see p. 56.]

Chairman LELAND. I would like, now, to begin these proceedings by calling forth the first panel of witnesses, Mr. Milton Ogle, Dr. Barbara Garland, and Ms. Carla Kniceley. I presume I am pronouncing that correctly. If not, she will correct me, I am sure.

Mr. Ogle has been involved in advocacy work on behalf of the poor in Appalachia for almost 30 years. In 1963 he founded the Appalachian Volunteers, an organization which served as a model in the development of the VISTA Volunteer Program.

He served on the Citizens Board of Inquiry in 1967, escorted medical teams through Kentucky, West Virginia, and Mississippi to examine hunger and malnutrition, and helped coordinate the poverty and hunger hearings in Appalachia for Robert Kennedy in 1968. He has served as the executive director of the Appalachian Research and Defense Fund since 1974.

Dr. Garland is a faculty member of the Department of Community Medicine at West Virginia University. She has been working in public health nutrition and nutrition epidemiology in Appalachian Kentucky, North Carolina, and West Virginia for the past 25 years.

In 1985 she authored "The Possible Effects of Nutritional Status and Growth of Children on the Economic Potential of West Virginia."

Ms. Kniceley is the executive director of the Mountaineer Food Bank, a member of the Second Harvest Food Bank Network. She has worked with the food bank since January 1985 and served as the director since July 1987.

Last year the food bank distributed approximately 3.2 million pounds of food to congregate and emergency food programs across the State.

We certainly appreciate your being here today.

Mr. Ogle, you may begin your statement.

STATEMENT OF MILTON OGLE, DIRECTOR, APPALACHIAN RESEARCH AND DEFENSE FUND, INC., CHARLESTON, WV

Mr. OGLE. Thank you, Mr. Chairman.

I first want to say that I certainly appreciate the interest and concern that you all are demonstrating by being here. I appreciate, Congressman Staggers, your getting this gentleman here.

I had the chance to talk with him briefly this morning, and he seemed like a fine person to me. He seems like someone that we mountain people could get along with pretty well.

I think you should point out, though, that the people who operate successful moonshine stills do not put them where you would see them, driving along the road.

This testimony is going to be just sort of what I believe. I am not going to give you a lot of facts and figures, because I do not have them. I know pretty well, from experience, what the situation is and I think you will get the facts and figures, statistical data, in the course of the hearing.

The last 38 years of the economic history of West Virginia can best be summarized by me as a 25-year downturn, interrupted by a mild upswing in the late seventies, after the oil embargo, and then it began to turn down again in the eighties and has been going down since.

The State is near bankruptcy, cannot pay its bills, cannot pay for the health charges that are accumulating for State workers. There has been an exodus of people, interrupted only slightly by moderate and short-term increases in coal employment.

The leaders of our State still have not found a way to tax the giant corporations that own most of the State's wealth, as in Mingo County, where 93 percent of the land is owned fee simple by corporations based elsewhere.

Following the 1977 flood, then Governor, now West Virginia U.S. Senator Rockefeller, tried to obtain some land for housing from the Cotiga Land Co. The Cotiga officials would not return his phone calls.

The company owned land above the flood plain that was suitable for housing. There was very little land that was suitable. Most of it was owned by this particular land company.

Incidentally, Cotiga, the way you get that name, is Coal, Oil, Timber and GAs.

The State has fairly consistently lost population over the last 35 years. McDowell and some other southern counties have lost more than half their population since 1950. McDowell went from more than 100,000 population in 1950 to less than 50,000 population in 1970, and that is about where it is today. The 1980's have brought a new wave of outmigration.

The people of West Virginia are primarily really forward looking people who are progressive and seem to have good judgment. But somehow, some way, we have managed to select leaders who refuse or cannot find a way to allocate a fair and equitable share of this State's resources to meet the public needs and use for the public good.

The absentee holders of wealth display an arrogance based on power that causes our State leaders to crumble and turn to mush. At the same time, one-fourth of West Virginia's population lives in poverty. Thus, the burden of paying for public services falls disproportionately on low- and moderate-income people.

In 1967 and 1968, as the chairman pointed out, I served on the Citizens' Board of Inquiry into Hunger and Malnutrition in the United States. This was a citizen board. The reason the board was established was because of the nonresponse or inadequate response of government to the problems of hunger and malnutrition.

We conducted hearings across the country. We made field trips like the field trip that is being made today. We listened to statistics about food programs, commodities, and food stamps. We listened as bureaucrats and public officials, doctors and social workers gave statistics and observations about the extent of hunger in America. But mainly, we listened to hungry people.

We held hearings in such places as Columbia, SC; Birmingham, AL; Hazard, KY; San Antonio, TX. The people there spoke of severe hunger.

I remember the hearing in Hazard, we held at a Union hall up above Hazard. It brought people from West Virginia, from eastern Kentucky and from southwestern Virginia. Over 200 people showed up. We started testimony at 9 o'clock in the morning. At 6 p.m., when we left, there were still people there who wanted to talk about the problems of hunger.

At that time, programs to alleviate hunger were controlled by State and local governments. There were no uniform food stamp guidelines, a situation which resulted in great disparity between one State and another. Local governments had a choice as to whether there would even be a food program at all, since the U.S. Department of Agriculture would not exercise its authority to go in and operate programs itself.

In some States and/or counties there were food stamps, in others, commodities, and in a very large number of counties there was no food program at all.

The Citizens' Board of Inquiry designated 257 counties as hungry counties, where there were extremely limited or no food programs and where severe hunger and malnutrition affected large numbers of people.

Another thing I would like to point out is that on these field trips, we usually had a couple of doctors. Some of them, just by looking at children, thought that they saw some situations of kwashiorkor, which is the severest form of malnutrition.

In States like West Virginia, where food stamps were available, families with little or no income were punished by the purchase requirement. In order to receive food stamps, each family had to buy them. For example, a family of four might be entitled to $60 worth of stamps for which they would pay $20. It seemed like a fair deal except for families that had no money.

Many families in West Virginia and across the Nation with no money could not get free food stamps because they had no money and there was a purchase price for the stamps. The purchase requirement created a great potential for abuse by administrators, as was indicated by testimony given at Hazard, KY, in August of 1967.

In Hazard, we were told about one administrator who had made a determination of ineligibility because the participant had borrowed the money to buy the stamps. The questioning went like this:

Q. The $25 is all the income that comes into the house for these people? (six) Are you on food stamps?

A. No, I'm not on food stamps.

Q. Have you tried to get on food stamps?

A. Well, I have been on them but I went down there to sign up and had to take a receipt where I got the money and * * * she vilified me so * * *.

Q. She did what?

A. She vilified me and run me down. And she said she couldn't carry me no longer on the receipt that I took the money in, that I borrowed the money. And she told me that she couldn't carry me no longer.

Q. In other words, she was saying that you couldn't borrow money to buy food stamps?

A. Yeah, and my neighbors was going to get fired loaning me money with me not paying it back.

The food programs of the 1960's and 1970's and to a great extent today, contain a large dose of blame the victim mentality. People

are not poor by choice. People are not poor because they do not do what they can do. I think people do as much as they can do.

The purchase requirement, the requirement that people hunt for work where there is no work, the brief certification periods, can be viewed only as punishment, to allay the fears and suspicions of people who must uphold the notion that there is no such thing as a free lunch.

In 1972 a food stamp law was passed that required the use of national uniform guidelines and uniform standards for deciding what parts of a family's income would be counted in determining the food stamp purchase requirement. No longer could States thwart the intent of the Food Stamp Program by setting maximum standards that were extremely low, thus effectively eliminating everyone except the extremely poor, many of whom were already excluded by the purchase requirement.

The Food Stamp Program, for the first time, became a truly Federal program. For the first time, citizens were entitled to a fair hearing when actions regarding their right to food stamps adversely affected them.

In West Virginia several hundred low-income people participated in training in order that they could understand the provisions and their rights under the new law and the obligations of the State agency.

The purchase requirement remained, however, and continued as a serious impediment for those whose need was greatest. For example, in 1967 again, the Civil Rights Commission reported that at its State Advisory Committee meeting in Jackson, MS,

> The Negroes were almost unanimously of the opinion that they do not want the Food Stamp Program, and essentially their reason was that they did not think that they could afford it. We believe that the primary cause of this reaction was the fact that whenever a Food Stamp Program succeeded a commodity program, many recipients were eliminated.

In the late 1970's, the purchase requirement was finally removed and people with no income could get food stamps.

Now, the problems that I have pointed out, namely the purchase requirement, the seek work requirement, the fact that families with no income receive, at best, 75 percent of the stamps needed, all originate with the notion that low-income people are deadbeats, lazy, and shiftless people and we do not want to help them too much. That is not true.

In West Virginia a family receiving food stamps is just as likely to be a coal miner with a long work history, with skills that only fit coal mining, or it could be a female head of household whose husband was killed in a slate fall.

They should be treated with compassion and respect. Justice and equity require no less.

Now, after having enumerated several problems that have hampered the Food Stamp Program over the years, I categorically state my observation that food programs work. Food stamps alleviate severe hunger and severe malnutrition. The WIC Program works in decreasing the incidence of low birthweight babies. Headstart works both in aiding the nutritional status of disadvantaged children and preparing them to perform better in school.

My critical observations of the Food Stamp Program are meant only to point out the need for improvements which I believe will make the Food Stamp Program more effective.

Consequently, I recommend the following: (1) Increase the food stamp allotment by 25 percent; (2) remove the requirement that recipients seek work in all counties or States where real unemployment exceeds 7 percent. This would eliminate the obligation of food stamp recipients to prove and document their failure to find work.

You know, there was a time in this country when we considered it full employment when unemployment was down to 4 percent. Somewhere over the years, we have managed to get it up to 7 percent. I do not know how valid our notion of what is full employment and what is not full. It used to mean frictional unemployment. You could have 4 percent unemployment because of people changing jobs and that kind of thing. Now we have gotten it up to 7 percent.

We need to eliminate the recertification for chronically unemployed and people with fixed incomes by obligating them to inform the agency of any long-term change in income that exceeds $100 a month and by requiring the recipients to inform the agency of any lump-sum benefit in excess of $1,000 a month.

The $1,000 sounds like quite a bit, but when people are struggling to make ends meet, once in a while they have to catch up on their bills. If someone gets a little lump-sum payment of $1,000, that is going to cover just a small amount of what their obligations are.

Continue food stamp eligibility for 6 months after a head of household becomes employed to help the household get its bills paid and re-establish itself.

Then, cease the practice of penalizing States where the error is in favor of hungry people. We can assume a predictable error rate and penalize States on the basis of denial of stamps when a family is entitled to them by awarding double stamps.

I had one more thing. I do not know whether it would be that useful or not, but one of the things that we propose in the hunger study back in 1967 was to transfer the authority and responsibility for the Food Stamp Program from the U.S. Department of Agriculture to Health and Human Services. I think that is worth looking at.

Thank you very much. I appreciate your letting me be here. I appreciate your coming and I hope it works out to the betterment of the folks that need help.

[The prepared statement of Mr. Ogle appears at the conclusion of the hearing, see p. 73.]

Chairman LELAND. Dr. Garland, you may begin your statement.

Ms. GARLAND. Thank you.

STATEMENT OF BARBARA K. GARLAND, DEPARTMENT OF COMMUNITY MEDICINE, WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE, MORGANTOWN, WV

Ms. GARLAND. I am also delighted to be here. In 1967, when I was invited to the earlier hearing, I had been working as a public health nutritionist in eastern Kentucky and my boss found it expe-

dient to give me a vacation quickly. I never did get to that hearing but fortunately, the study I had done did.

It is recognized that the economic potential of any society is dependent upon the health and vitality of the individuals in it and that the well being of those individuals is, in turn, dependent on the quality and quantity of food available to each member of the group.

This is especially true for the vulnerable individuals within the group who are much more subject to the effects of poor nutrition.

Women of childbearing age on poor diets are prone to inadequate weight gain during pregnancy, and thus to delivering premature and low birthweight infants. These low birth weight infants are the major reason for the persistence of the high infant mortality rate in this country. We still have not achieved what we should be achieving in terms of infant mortality, given the rest of the industrialized world.

Several hundred thousand dollars may be spent on a single low birthweight infant. Given 6 to 7 percent of all infants born are in this category, millions of dollars are being spent, not only in this country, but in this State. Later expenditures for these infants include maintenance, education, and continuing medical care.

Then malnutrition in early childhood is associated with lifelong physical stunting, decreased intellectual ability and emotional instability. Poorly nourished children become adults who are at a disadvantage, both in the manual labor force and certainly in the world of high technology.

We need to insure one well-fed, well-grown generation if we are to see a fully functioning society whether we measure it economically or by the attainment of full human potential.

There is ample indirect evidence derived from vital statistics and food programs, in addition to the experiences of those directly involved in distributing or receiving food aid, that basic food and nutrition needs are not being met in the Appalachian region.

There is, however, no epidemiologically defensible data on the nutritional status of the Appalachian population. Nutrition studies from the sixties were badly biased by poor response rates and subject selection. Current data on the growth of children is derived mainly from a highly select group of children seen in public clinics.

The data from HANES, the Health and Nutrition Examination Survey conducted by the Federal Government, is both out of date and based on a national sample only, thereby limiting its usefulness. Unfortunately, with HANES, since it pertains to everyone, it pertains to no one.

I have been looking at the growth of children in one of the more affluent counties in West Virginia. In a study of over 90 percent of all children entering the school system in 1983, I found that when compared to national growth standards, children ages 5 through 7 were overall both shorter and lighter.

The National Center for Health Statistics standards used, were derived from a national probability sample which included children from various economically disadvantaged groups. These standards by no means represent optimum growth. When compared to the older Harvard Growth Standards derived from a group of clinic patients in the 1930's and 1940's, the depression era, in Boston, chil-

dren in Monongalia County, West Virginia, in 1983, appear even smaller for their age. This despite the group of children who were found to be considerably heavier, and we did have almost a bimodal curve where we had a group of heavier children.

If this is true for this county, with its major university and medical center, what is happening in the rest of this State? We do not know. Objective data on both nutritional and growth status is necessary to determine the extent of the problem even as action is being taken to alleviate food shortages among those we already know are in need.

West Virginia does not appear to have the resources to face these challenges alone. There must be a Federal response, a cooperative effort to determine and meet the human needs so as to insure a healthy, vital population and a physically able, intellectually competent work force for the future development of the region.

Among these responses would be an ongoing nutrition monitoring based on sound epidemiological principles, conversion of the WIC Program to an entitlement program, an outreach effort aimed at increasing participation in the Food Stamp Program among those eligible and support of the emergency food networks.

We have a patchwork situation that is serving the needs of only a fraction of those people in this region who must have help if we are going to develop the next generation.

Thank you.

[The prepared statement of Ms. Garland appears at the conclusion of the hearing, see p. 79.]

Chairman LELAND. Ms. Kniceley, am I pronouncing your name correctly?

Ms. KNICELEY. Yes, you are.

Chairman LELAND. Fine, you may proceed.

STATEMENT OF CARLA KNICELEY, EXECUTIVE DIRECTOR, MOUNTAINEER FOOD BANK, GASSAWAY, WV

Ms. KNICELEY. I want to thank you all for the privilege of being here today. I am from the Mountaineer Food Bank.

The food banking concept was born and named Second Harvest in Phoenix, AZ, by a gentleman named John van Hengel, in 1965. Second Harvest, today, is a national network committed to feeding the hungry. Through this network we collect surplus foods and other products from national companies, manufacturers, wholesalers, distributors, and retailers. We sort, store, and distribute these products along with soliciting local contributions.

Members of the Anti-Hunger Coalition working in local food pantries found they did not have enough food to meet the need. In the spring of 1981, the Anti-Hunger Coalition contacted Second Harvest. Second Harvest agreed to take on West Virginia as its first rural food bank. In November of 1981, Mountaineer Food Bank opened its warehouse doors in Gassaway, WV, and yet today is the only certified food bank in the State.

We are a nonprofit organization that stores and distributes donated products to approximately 200 community food pantries, shelters, churches, and soup kitchens. An affiliate food bank is located in Huntington, WV—Huntington Area Food Bank—serving

eight counties in southwestern West Virginia. A satellite distribution organization is located in Wyoming County at Coal Mountain—Southern West Virginia Evangelical Association—and serves six counties in southern West Virginia.

Through the Mountaineer Food Bank's extensive network, over 13 million pounds of food and surplus products have been collected and distributed. We do not receive State or Federal support dollars. To defray the expenses of staff salaries, warehouse space, utilities and transportation, local agencies pay a nominal fee of 12 cents per pound for products. Grants and donations are sought to supplement the food bank's continuing need for special programs and equipment.

Since the food bank began in 1981, over $7 billion has been cut from the Federal Food Stamp Program. These cuts have been felt everywhere, especially West Virginia, where 82 percent of the counties have a higher unemployment rate than the national average, with some counties having a rate as high as 32 percent. Those who suffer the most and are the most vulnerable are pregnant women, children, senior citizens, and the homeless. The question is, how much more can these people stand in cutbacks?

In 1979 my son came home from school, third grade class at the time, and told me about one of his school friends who would slip into the cafeteria each afternoon and steal a carton of milk. My son questioned me as to his telling the teacher. I felt there was probably a reason behind this little boy's actions, so I asked that my son not say anything. A few days later, my son came home to tell me this little boy had been caught taking the milk. His crime was stealing. His reason was his little brother had no milk at home.

Now, in 1988, we are again ready to face one of the biggest cutbacks, USDA commodity cheese, rice, and honey, with no certainty of continuing the dry milk. How much more can these people stand?

The press always questions me in interviews about knowing of any deaths caused by starvation in our area. I know of none, and this is one hunger fact I want to keep the same.

Thank you.

[Material submitted by Ms. Kniceley appears at the conclusion of the hearing, see p. 81.]

Chairman LELAND. Thank you, Ms. Kniceley.

Mr. Ogle, the committee has been examining the need for improved integration of major public assistance programs to eliminate bureaucratic barriers to participation.

How extensively are the AFDC and Food Stamp Programs integrated in West Virginia?

Mr. OGLE. To the best of my knowledge, the AFDC recipient automatically triggers the Food Stamp Program, so as far as I know, everyone who gets money payments also receives food stamps.

Chairman LELAND. Congressman Bill Emerson, the ranking minority member and vice chair of the Select Committee on Hunger, has been advocating for several years now our examination of the benefits of establishing a "one-stop shopping" system under which

individuals could go to a single location and, during one appointment, apply for a variety of Federal assistance services.

What is your opinion about this concept?

Mr. OGLE. I think it would certainly be helpful, especially in rural areas where it is so difficult for people to get in to where the offices are. If they are in the county seat or if someone has to catch a ride to town they have to depend on their neighbor to take them on out the extra distance. I think that it would certainly be of benefit, especially in rural areas.

And I think it would be of benefit, also, in being able to assess the total needs of the family. I mean, we bifurcate people so much by, you know, sending them one place for food, somewhere else for health care benefits. We do it by programs, too. We rarely find a family where all of these pieces are fitting together to make the puzzle complete.

Chairman LELAND. In a number of congressional hearings, witnesses have noted that public assistance benefit levels are inadequate to assure recipients a decent standard of living. On the other hand, many believe that the amount of money spent for social programs should be sufficient to close the poverty gap.

How can we improve public assistance programs so they more effectively reduce poverty?

Mr. OGLE. I think increase the dollars; increase the dollars. The programs are pitifully poor, and we know it. They are totally inadequate and the poverty problem is changing and is growing all the time. If we just put enough resources behind this, in money. The use of money gives the kind of flexibility that people could maybe get themselves out.

But Dr. Garland, here, was talking about the next generation. How are we going to develop the infrastructure in West Virginia if people actually are so malnourished and so poorly educated that we could not provide a labor force for the type of industry of the future, or the type of work for the future.

I deviated from your question. I am sorry.

Chairman LELAND. No, no. It is all right. I am concerned, too.

I heard something else this morning that is very alarming. Due to the lack of employment opportunities and maybe some of the other amenities that exist in other States many of the younger people are leaving West Virginia and not coming back.

Can you just comment on that and talk just a little bit about how this situation will affect the future of West Virginia, especially when we find such extreme poverty in some of the places like we saw this morning?

Mr. OGLE. I think the pattern is beginning to be the same as it was in the fifties, sixties, and the early part of the seventies. There was a mass out migration.

In one county over in Kentucky, 50 percent of the population was under 18 years old and a very high percentage of it was over 65. So it was the productive age group that was leaving, and they were leaving to seek opportunities. I think that is what is happening today, here.

I think that we are not going to get to the point where we can provide the kind of public services that enables a kid to grow up and go to school, and learn and eat, and play a little ball and get a

job until we break the stranglehold of the absentee owners that they have in West Virginia or until we learn how to equitably tax those interests and put in the local services that all people need.

Chairman LELAND. How successful is the so-called Workfare Program here, in training young people for meaningful job opportunities, to help them to evolve from poverty in this State?

Mr. OGLE. It is my impression that it is not all that great. It is makework. It is that forced work, again, in order to get a benefit. What we need is schools that will keep the kids in, as opposed to trying to find a job for them out here, where they are not really going to get that much experience, that they can trade for some food stamps.

Chairman LELAND. Thank you, Mr. Ogle.

Dr. Garland, what does your research and field experience reveal about the effects poor nutrition has on the cognitive development and physical fitness among low-income children in West Virginia?

Ms. GARLAND. Well, as I had stated, we do not have any good data on the nutritional status or the growth status of children in this region.

Chairman LELAND. Now, is that state-wide?

Ms. GARLAND. This is state-wide; this is probably nationally. We have the HANES study, which is data that was collected some time ago. But for this region, any identifiable data that would show what is happening simply does not exist.

However, I have done a number of studies in the Appalachian area, one being my dissertation on the effects of stress on growth in children in the Appalachian area of North Carolina. I have consistently found that these children are shorter and lighter. They are growth-stunted overall as compared to children outside of this region.

There is no genetic basis for it, for the simple reason that our stock comes from the western European, which is the potentially second tallest group of individuals in the world. So we should have adequately grown children. They should be at least of the same size, given the similar developments throughout this country, as children in other parts of the country, given the same genetic background, and we do not have this.

Chairman LELAND. Has there been any national attention drawn to the issue of the growth rate?

Ms. GARLAND. Not for some time. This was a very popular issue in the sixties, when we discovered that something like 20 percent of those children in the poverty areas in this country showed some growth stunting.

Now, I believe the national figures are down around 12 percent. I would make a guess that they have not fallen in this area, from my experience with the better fed groups in the State.

Chairman LELAND. Has there been any comparison of growth rates among poor rural children compared with poor urban children?

Ms. GARLAND. You may find that in HANES. I am not sure. But I do know that the programs available to the urban areas are sometimes better developed and better distributed than they are in a rural area, where the problem very simply is, if the family

cannot get that child to a clinic or cannot get that child to a WIC Program, there is no help available.

In looking at the children in North Carolina, there were two groups that showed up—those children who were brought into the clinic, who were developing fairly well, and those children who I had to go find in the hollows, who were not developing well at all.

Chairman LELAND. Do you attribute the problem that Congressman Staggers alluded to earlier, of there being such a low participation level in some of the Federal programs, to the logistical problems that exist in this area?

Ms. GARLAND. Very definitely. People do not have cars, they do not have the gas. They do not have, again, what we have been saying for 30 years, they do not have the transportation to get to the programs. That is still a problem in this area.

Chairman LELAND. If you have been saying this for thirty years, why has there been no solution provided?

Ms. GARLAND. Well, we had some brief solutions during the sixties, when there were some transportation programs in place and there were outreach programs in place. They were short-lived. They disappeared with the funding, and we are back where we started.

Chairman LELAND. My office in Washington notified me yesterday, last night, as a matter of fact, when I came here, that the Governor of the State of West Virginia had suggested that there is no problem of poverty in West Virginia.

Ms. GARLAND. Perhaps that is why there is such evidence for a problem.

Chairman LELAND. So you think that exacerbates the problem considerably?

Ms. GARLAND. I think denial has been a part of the picture, but if you look at the needs of West Virginia, they are so extensive that only be denying can you exist from day to day and put out the fires.

You know, we were on a campaign to do something about the hunger issue when the floods struck, and we were, again, washed right away with the flood.

Chairman LELAND. I am reminded of the time that is rather analogous to this time, when I was down in the Mississippi delta several years ago, right after the beginning of the Select Committee on Hunger's activities. The Member of Congress from that area at the time suggested and implied to national television, to the national public that the problems were being exaggerated by the media and people like our committee who would come in to examine hunger in the State. Yet, young kids were growing up mentally retarded because of inadequate nutrition.

Ms. GARLAND. What we have today, I believe, is subclinical malnutrition, in that it is not easy to identify but the cumulative effects over time show, and they show up in the growth rate. They are here. Anyone who has worked in the field in Appalachia, anyone who has done home visiting does not have to be drawn a picture. It is in front of them every day.

Chairman LELAND. Thank you.

Ms. Kniceley, what factors prompted the establishment of your food bank?

Ms. KNICELEY. When this antihunger coalition was formed, these people were trying to go grocery store shopping to feed the hungry people. They found out they could not stretch their dollars far enough. This is basically what the food bank's function is, is to help these agencies stretch their food dollars and be able to feed more people, and to be able to provide more substantial foods for them.

We do not always have the staples there at the food bank, but if they can buy other products and then stretch their dollars at the grocery store to supply the staple items.

Chairman LELAND. During what time of year do your member agencies report the greatest need for food assistance?

Ms. KNICELEY. Probably the busiest times of year are around Easter, Thanksgiving, and Christmas. That, mainly, is because people seem to be reaching out more at those particular times, and helping more families.

However, it seems like it is hard to tell, in the past couple of years, when there really is a holiday because of the tremendous flow of products in and out of the doors of the food bank.

Chairman LELAND. Do you have adequate food to be provided for those recipients?

Ms. KNICELEY. We have what is donated to us. Like I said, we do not have a lot of staples at the food bank, and sometimes have no staples. But what is donated to us and the food pantries can use to help stretch their dollars, is available to them.

Chairman LELAND. Now, you actually provide agencies with food, is that correct?

Ms. KNICELEY. Yes.

Chairman LELAND. And they, then, distribute the food to different areas?

Ms. KNICELEY. Right.

Chairman LELAND. So the logistical problem is somewhat resolved by those participating agencies, is that not correct?

Ms. KNICELEY. Right. We also have a truck and we truck to eleven different locations throughout the State to help the agencies out with transportation expenses. We figure we can buy one tank of fuel as opposed to them buying several tanks of fuel. We meet them at central locations on specific days and distribute the food to them there.

Chairman LELAND. This morning we visited three different families. Actually, one was a single elderly lady, who is almost 91 years old. She, as did the last family we visited, suggested that she runs out of food stamps and so she has to stretch or budget very carefully her food so that she will not run out before receiving more benefits.

Do you hear stories like that all the time, that people are actually on food stamps, they get their allocation, but they run out and therefore, they have to depend on you to supplement their food supply?

Ms. KNICELEY. Absolutely. Those are the people that the pantries do supply. For example, one Friday afternoon a young girl came to the food bank, thinking that we provided to the individual. She had five small children and was in her early 20's.

She explained that her food stamps had gotten lost in the mail and it was Friday afternoon. There was no way that she could get food stamps that quick. It would take a matter of a few working days for the Department of Human Services to take care of this matter and there was no food at their home.

We, in turn, referred her to some of the local pantries there in our community, giving her the names and phone numbers. Her response to us was, "I'm sorry, but I don't have a quarter to make the call with." So we made the calls for her and then offered to provide her transportation to pick up her food.

Chairman LELAND. Now let us flip the situation over. Are there people who come into the food bank who are eligible for food stamps but do not apply, for one reason or another? Do you advise them that they might be eligible and do you assist them in getting the food stamps if, in fact, they are eligible?

Ms. KNICELEY. See, our pantries are the ones that deal with the individuals. We provide the information and try to keep our pantries abreast of what is going on and what services are available. We also work with the Department of Human Services, the WIC Programs, and through us, we channel a lot of information to these pantries so they can, in turn, channel it to the recipients.

Chairman LELAND. Very good.

The gentleman from West Virginia.

Mr. STAGGERS. Mr. Ogle, when you mentioned about playing a little ball, giving the children a chance to play a little ball, the chairman got a chance to play a little ball and he was very happy with that. He still plays a pretty good game of basketball and some other sports. I saw him perk up when you mentioned about playing a little ball.

You mentioned Workfare, and that was one of my questions. I realize that sometimes it is makework. Unfortunately, I think that is a perception problem. I think there are people that would feel that is something that is needed. I think one of the good parts about the House welfare reform bill is it does not just say work. It does require education or training and that might be something you could live with better than making somebody go out and sweep the floors of the courthouse.

Would you care to comment on that aspect of the House welfare reform bill?

Mr. OGLE. I am not that familiar with it, but from what you are saying, it sounds like——

Mr. STAGGERS. Well, instead of making them work if they are going to receive benefits, it is at least training or education. For instance, some people may be illiterate and they would have to at least enroll in a class to learn how to read and write so they could fill out a form, an application form for work.

Other individuals might, as you mentioned, be a coal miner who does not have the skills, maybe did not finish high school, that may be enrolled in a vocational technical program so they could learn another skill that could be transferred.

That would be one of the options that would be given under the House bill as opposed to making mandatory work in a place like Fayette County, where unemployment is higher than other parts of

the State, which is difficult. I think that is one of the points you were trying to make.

Mr. OGLE. Sure. If you give training, then you are providing a person with a tool that they can use for the rest of their lives. One of the reasons why the work programs really got a bad name is, when they first started out, they put men on the side of the road with a mowing scythe, cutting briars that could have well been cut with a machine, just to say that they were working.

It seems to me that we want to get away from that kind of mentality. It is a callous mentality. It has no basis in good government. So let us do get them into training, especially literacy and that kind of stuff, because a person is severely handicapped who cannot read. Anything that moves in that direction, to my mind, is certainly positive.

Mr. STAGGERS. I would have to disagree with you. I wish you had not have put in—you said that you were hesitant about putting your last recommendation in your testimony. I would have to disagree with your last recommendation, at least for the timebeing.

You would move the program from USDA to HHS. Health and Human Services is the agency which has advocated phone hearings for Social Security recipients, and denials for technical errors. Right now, I am not sure that we want to move into Health and Human Services because I am afraid that we would even see more denials and more people in Ms. Kniceley's food kitchens than are out there. So I would have to disagree with you.

That would bring me to Ms. Kniceley's comments, and I think one of them, in a very subtle way, your last comment, was very well taken. It goes to what Mr. Ogle was saying, also, the callousness, the people saying, "Well, are there people dying in West Virginia?" Hopefully, we are not going to reach that. Your last comment, "I know of no one dying of hunger and I want to keep it that way," I would say, "Amen," to that. Hopefully we are not going to have to reach the point where West Virginians are dying of hunger before we decide to make a commitment to some sort of food programs or nutrition programs.

I would tell you, though, that the bill I mentioned, the nutrition bill that will extend the commodities, and that will allow for the purchase of commodities that are not always available. Hopefully, that will help. I just mentioned in passing, that there is a ray of hope and it is bipartisan supported. The ranking member of this select committee is also the ranking member of the Nutrition Subcommittee, and the nutrition bill is a bipartisan effort and it is moving through the Congress.

Dr. Garland, I have some questions that Mickey touched on a little bit, and the economics of these type of programs. There is one way, I think, that maybe we can reduce some of the callousness, because, in fact, it is to our self-interest to feed these people.

Could you elaborate more on that, about what the future of West Virginia holds if we do not make these commitments?

Ms. GARLAND. What we have facing us right now is that we know, from the little data that is here, that we have probably a significant number of children who are not developing to their full potential. The data that we have been aware of for the last 20 years shows that these children do not learn well, as you pointed

out earlier, they do not develop skeletally to the same extent, and there is a major study at Cornell that shows that malnutrition at an early age lends itself to emotional instability in adulthood.

I think that may be the scariest part of all this, because we need an emotionally stable, physically strong and educable work force. This is not being guaranteed today. If the food programs cost money, what is the cost in terms of lack of development in this State, because those who are educable are in the universities and in the colleges and graduating from the high schools, doing well, and moving out of the State.

We saw the population profiles of the fifties. It has a beautiful waistline showing what happened to the population of West Virginia. We are beginning to develop this same waistline for the eighties. This does not represent the individuals who are most competent, in terms of staying. This means that West Virginia is going to be in trouble and I think any other State. They are going to the Carolinas; they are going to the District of Columbia area; they are leaving, and that is very unfortunate for all of the economic development hopes for this State.

The other thing is that we are spending an enormous amount of money on low birthweight infants trying to salvage them. Part of this is a result of poor pelvic development in the women that constrains these children in size, so that you cannot avoid having a low birthweight infant if you have no place for that infant to develop within the pelvis. So all of these things add up to a cost/benefit ratio that can only be guessed at, but I see no way out except to spend the money and look long-term. And I have no quarrel with this State in terms of not being able to develop the long-term view. They do not have the resources.

Mr. STAGGERS. So this is not guesswork. There actually is some data to back it up?

Ms. GARLAND. There is data, hard data, that shows all of this to be true.

Mr. STAGGERS. One of the studies that I have seen suggests that we will not meet our goals for low birthweight rates by 1990, and I would suspect that is because of the lack of participation in the WIC Program.

Is that true?

Ms. GARLAND. Well, it has been shown that WIC works. I was one of the individuals working with the first WIC medical evaluation. I have been following the studies on WIC over the past 15 years. Every study, no matter how poorly designed, has shown that WIC works. When WIC becomes an entitlement program and every woman, infant and child eligible can receive the nutrition they need through the WIC Program, we will have a chance.

Even if you take into consideration the fact that if you give a WIC package to one or two people in a family and there are several people there, it is going to be diluted, the effects still show up. This has been shown over and over again, and it has been shown in some of the health department's current studies. So WIC works and by giving WIC to these people, we have at least a chance.

Mr. STAGGERS. What is the connection, I recently saw another study that said that West Virginia leads the Nation in obese individuals. What is the connection between obesity—poverty? It does

not seem logical that we have so much poverty and at the same time, what would appear to be so many overfed people.

Ms. GARLAND. I think it does, in fact, make sense. We are dealing with two parts of the population. The cardiovascular disease epidemic that we suffer in this country partly as a result of obesity and other things, changes in lifestyles, developed in the overall in the 1950's. It hit West Virginia in the 1970's. The reason for this is that we were 20 years behind economically.

So much of the population for the very first time either can afford to go out and buy food or they can participate in some of these food programs. If you take a starving animal and suddenly put food in front of it, what do you think is going to happen? And it is happening.

Give us a generation that has had enough food and this will no longer be a problem.

Mr. STAGGERS. No further questions.

Chairman LELAND. Dr. Garland, let me ask you one last question. Public Voice, a Washington based research and consumer advocacy organization, recently issued a report which reveals that almost half of the rural poor in the Nation do not consume adequate amounts of essential nutrients. I think this might strike, too, at the problem of obesity, more so than the sociological problem.

It was noted that 48 percent do not consume enough vitamin A, 43 percent lack vitamin C, and 44 percent do not receive enough calcium and iron.

Based on your research, how do your figures compare with the consumption of these nutrients among West Virginians?

Ms. GARLAND. This data is, at least at this point, reliable, meaning that every study that has been done in this country over the past 25 years shows exactly the same thing, vitamin A, vitamin C, and calcium.

What we are talking about are fruit and vegetables for your vitamin A. We are talking about, again, fruit for your vitamin C and, to some extent, vegetables. We are talking about milk; we are talking about cheese; we are talking about dairy products. If you are poor, these are not the foods that you can afford. It is as simple as that.

Chairman LELAND. I might add maybe a lighter note about what happened this morning. We were leaving our last family, having visited with them and talked extensively with the patriarch of the family. There is a cluster of houses on the land owned by the people with whom we visited, one of which belongs to their son-in-law and daughter.

As we were leaving, we were talking to the children. I have a special thing about children, especially now. My first and only child is 2½ years old right now. Hopefully, my wife will get interested in having other children. He is not a good measure right now because he is in the terrible two's and she does not have any incentive right now.

But I saw a little girl who was about or almost 2, and she had a bottle in her mouth. It inspired me to ask her mother if she had enough milk to drink. She perked up and she said, "Yes. We get enough because of WIC." I was very happy to hear that.

In the last 7 or 8 years, as you probably know, there have been several attacks on the WIC Program, not from its efficiency as a program, but because it is another Federal program, it represents a certain number of dollars, and therefore, because we have budget deficits and we are trying to solve our problem in balancing the budget, it is one of those programs that OMB can look at and say, "OK, we want to get rid of it."

The administration has tried to weaken the program by reducing its funding. However, the popularity of the program among the people of this country is incredible. Congress has realized the efficiency of that program and how effective it is. Just for the record, and I know that all of you know this, for every dollar that we spend on WIC, we save $3 in Federal spending for remedial health care services.

Certainly, the Defense Department cannot, especially in these times, brag of that kind of efficiency. Few other Federal programs can demonstrate the kind of effectiveness and efficiency that the WIC Program can boast. I am certainly proud that Harley and I, and others in the Congress, have been able to ward off those who would try to weaken the WIC Program.

Chairman LELAND. Thank you very much.

Ms. GARLAND. Thank you.

Chairman LELAND. Should we have other questions of you, we will submit them in writing and ask that you respond in writing so that this material can be incorporated in the hearing record.

Thank you very much. You have been very helpful.

We will ask that Sister Hillman come forward please, Sister Elizabeth, as she is called.

Sister Elizabeth is the codirector of the Good Shepherd Food Pantry located in East Bank, WV. For the past 7 years she has provided emergency food packages and assistance in assessing public assistance programs to needy families and individuals in the East Bank community.

I understand, also, she builds bridges. The last family we visited told us that the flood had washed away the bridge that gave them access to the road. The only person that they could get to respond, and did, indeed, was Sister Elizabeth.

I would like to ask, also, for Ms. Jeanette Rollins to come forward. She resides with her husband and three children in Arnett, WV. She is a recipient of AFDC, Medicaid, and food stamp benefits. She will discuss with us some of the problems she has had participating in public assistance programs.

We thank you for coming, and we know that this is a last-minute effort on your part so it is even a more special opportunity for us to hear from you.

Mr. STAGGERS. Mr. Chairman.

Chairman LELAND. Yes.

Mr. STAGGERS. Before the second panel begins, I would like to say to the last panel that there is a nutrition monitoring bill that is before the Nutrition Subcommittee. Hopefully, that will be advancing, also.

There are two other people who have spent the whole time here and it appears they are going to be here all day. They are the State

Senator from this district, Senator Bob Holliday. If he would stand up, I think he should be recognized.

Chairman LELAND. Senator.

Mr. STAGGERS. Also, the county commissioner from this county, John Witt, if he would stand up.

I appreciate that, Mr. Chairman.

Chairman LELAND. I thank you, and I thank you gentlemen for being here because, as everybody knows, we can allocate dollars and formulate programs, but where the rubber meets the road is right here at home. For a county commissioner and a State Senator to be here is invaluable to us because it gives us some more encouragement that the local officials do care about what our interests are.

They are the implementers of those programs we provide through the so-called new system of Federal—new federalism block grants to State and local governments. They are the ones who are responsible for distributing and doing what is necessary to help the folks on a local level.

We thank you very much for being here. It shows a lot of support for us. Thank you so much.

Sister Elizabeth, you may begin.

STATEMENT OF SISTER ELIZABETH HILLMAN, GOOD SHEPHERD CATHOLIC MISSION, EAST BANK, WV

Sister ELIZABETH. Sister Clara Lill and I began giving out food to people in need in the spring of 1981. We operate a small food pantry in East Bank, WV. In 1983, there was a big increase in people coming to us for food because all the mines had closed down around here.

Mostly young families come, although we have some retired people who are on SSI who need food toward the end of each food stamp period. Not always the same people come every month.

We also help people find out how to get food stamps and how to get on the WIC Program. I think the WIC Program makes all the difference in the world to those who get it, but it is hard to get on. It is hard to get on for two reasons.

It is hard to find out where their office is sometimes, because they move from place to place, and then, the distances that people have to travel to apply. Then sometimes when they do apply, their quota has been filled and they have to wait months to get on it again. So that could stand some improving in my books. But it makes all the difference in the world and it is a good program from that point of view.

We help people by directing them to the proper agencies for many different needs. The majority of the young fathers of the families who come to us would prefer to be holding regular jobs, so we let them read our newspaper for the ads and use our phone to make phone calls, and we take phone calls for them on our phone. We do provide chauffeuring at times, when there is an emergency in the family.

We serve about 100 families a month with food baskets, usually when their food stamps have run out, and that is toward the end of the 3 weeks. We occasionally bring food to those who have no way

to get to our place and we try to visit the homes of those who do come for food. This is how I came to realize how acute the need is.

I bring food to a family where there is nothing at all in the pantry. There are no condiments, no tea, no coffee, no little cans on the shelf. If you can imagine your own home with absolutely no food, but maybe a half a loaf of bread and an egg in the fridge, and nothing else at all.

The main problem is that there are no jobs. From my point of view, our national priorities are upside down. What is the use of militarizing our country and spending billions on strange things like star wars, while dangerously neglecting our people and our infrastructures.

We have dangerously neglected our people and they are the strength of our country, not the bombs. I also feel that our people are not poor because they have chosen to be poor. Poverty is created by the economic decisions of the rich and powerful. Poverty is caused. Our people are not poor, they are impoverished by the decisions of other people and they are kept poor by the decisions of other people.

I would like to give you some particulars of need and why the Food Stamp Program is woefully inadequate. One family we know well is an intact family of a father, a young father of 30, a mother, a 5 year old and a 2 year old. The father would like nothing better than to hold a regular job, but there are only part-time jobs with no health insurance. This is a young man that we really have tried to help.

He applied to over 200 places for jobs. I can verify that, because I took him to some of them myself. There were only part-time jobs with no benefits. So they receive AFDC, $274, plus $113 in HUD money for their rent and $237 in food stamps. The AFDC money goes for utilities, household, and diapers.

Because this house, like so many others, has no insulation, an inordinate amount of money is spent on heating. In fact, many people in small houses, the little tiny company houses that are all over our hills, pay more money for heat than I do in a seven-room house, a lot more than I do.

Also, the New York Times, which I occasionally get to see because my family is in New York, says that it costs a family of four $90 a week for food if they are to eat nutritiously. This family gets $237 a month, or $55.25 a week. That is why they run out of food at the end of the month.

I would like to see all the Members of Congress, and our Governor in particular, try to eat for a couple of months on $55 a week for a family of four.

Also, remember, these people cannot hunt around for sales. They can only buy their food near by them. They do not have the transportation to go to Big Bear, which is on the television all the time.

Another intact family has decided to try and make it on their own because of the humiliation of going to the AFDC office. By the way, the AFDC office is now not even on a bus line, so it has become even more inaccessible in Kanawha County, so it is even harder for people to get to it.

Some of our people who live way out in the hollows have to go somewhere between 35 and 50 miles to that office, and they do not

have transportation on their road and there is no public transportation at the other end of the line, either.

This young family own their own tiny home, so he works at minimum wage, brings in $600 a month and they receive only $170 in food stamps a month. There are three small children in the family. Again, there are high heating bills and, since they need a car so that he can get to work at all, they are paying $77 a month on a loan. Then, without health insurance, there are other bills. It is impossible for them to eat adequately.

Other families seem to manage but when you look at it, they are not eating a balanced diet. They are using too starchy foods and fatty foods, so that they feel full when they eat and, as Dr. Garland said, they are not eating fruits and vegetables because the simply cannot afford them on the Food Stamp Program.

I could multiply examples and give you facts and figures of the families that we know, the plight of the single woman or single man, who receives no general assistance and very little food stamps, and many other bad situations.

Summer is harder for families in one way because the children do not have the School Lunch Program. On the other hand, winter is bad because of exorbitant heat bills. The Food Stamp Program would help more if it responded to the rise in food costs. I am certainly aware, from my own food bills, that food prices have gone up in 8 years, but the Food Stamp Program has not gone up in 8 years. The WIC Program would help if it were easier to find and easier to apply for. Definitely, the WIC Program is a wonderful program, but many of our people are not on it because it is too—they will go and the office will be closed the day that they go. Then it costs them $20 to pay somebody to get them there.

People have asked me, "Why don't your people go out of State and find jobs?"

Well, some have, but many stay. They feel that with a lack of skills, they would be worse off in the cities away from here because they would not even have the moral support of their family if they left here. They love their families and they love their land.

From my point of view, we need a change in national priorities, away from profit only, away from an ever increasing militarization, and toward rebuilding our people with creative increases in businesses and rebuilding of our failing infrastructures.

From my experience, my everyday experience, meeting with families on the down and the grass roots level every day, there is still hunger and malnutrition in Appalachia.

Chairman LELAND. Thank you so much, Sister, for a very compelling testimony.

Ms. Rollins.

STATEMENT OF JEANETTE ROLLINS, ARNETT, WV

Ms. ROLLINS. I can speak about my own family, because we have lived on food stamps and the AFDC Program for several years now. I also received WIC while I was carrying my children. My oldest one is now 8.

The WIC Program seemed to really help us, help me and, after I had my children, then it gave me a way to feed them, which with

just the AFDC check and our food stamps, we couldn't have afforded to buy the milk that was required for the children to drink.

On the Food Stamp Program, we can eat for about 2 weeks, you know, maybe, our vegetables and our fruits, but we still get very little of them, even then, because we have to stretch our food stamps to do the total month. If we buy a lot of fruits and vegetables, even for the first 2 weeks, we end up at the end of the month with gravy and biscuits to eat. So it is very difficult to make $280 even stretch for a family of five.

We find ourselves even eating very economical foods, which are very starchy—potatoes, biscuits and gravy, beans, cornbread. This is a lot of our overweight in our family. I have two daughters who are very overweight. My son, right now, is beginning to gain weight and the doctors will ask us what we eat and stuff, and we have found that it is the starchy foods that we eat that are causing the overweight in our families.

It is because we lack the money to buy the vegetables and fruits. In the summer we can have that because we raise our own garden. We do not have the fruits, but we have the vegetables from our garden in the summer. In the winter and the fall, we do not have these type of things because our gardens are not there and we cannot afford to buy them.

Also, I can talk to you some about our community and the area that we live in. I also work at a food pantry there. We started a food pantry in December of last year through an organization, the West Virginia Legal and Human Needs, and we started this food pantry because we saw so much hunger there, people like myself who are on low-income Food Stamp Programs, or just maybe working on a low income and do not have enough to meet the needs of their family as far as food.

We opened this pantry and, to date, just the other day when I checked, it was 278 people we are serving out of our food pantry. That includes the surplus food and the emergency that the lady was talking about, from Gassaway. We use the Mountaineer Food Bank as our emergency food comes from and also our surplus food comes from there.

But we see a need in our community to feed these hungry people, as well as to educate them. The lady from Gassaway said that she had passed on this information of educating the people. That is where we got our information from, was to tell the people about the Food Stamp Program, tell them about the WIC Program, and directed them to the programs that, you know, that they can use.

Chairman LELAND. Thank you very much. You are sort of double-dipping for us today. You receive Federal benefits to supplement your family's needs as well as you work to help people who have more extreme problems than you, I assume.

What does your husband do, Ms. Rollins?

Ms. ROLLINS. He is disabled. He has cancer.

Chairman LELAND. He has cancer, and you are at home most of the time, except when you are working at the food bank? Do you get paid at the food bank?

Ms. ROLLINS. No, sir.

Chairman LELAND. You just volunteer?

Ms. ROLLINS. I am a college student at present. I have attended the last 3 years. I am going for a degree in special education.

Chairman LELAND. That is fantastic. That is very commendable, given the circumstances.

How many children do you have at home?

Ms. ROLLINS. I have three.

Chairman LELAND. Three children at home, and what are their ages?

Ms. ROLLINS. They are 11, 9, and 8.

Chairman LELAND. And they are in school, too, I presume?

Ms. ROLLINS. Yes.

Chairman LELAND. Is there a lot of hope for them, in West Virginia, given the circumstances?

Ms. ROLLINS. I do not see it, no. I know my daughter was telling me the other day, she said, "Mom, if I don't get married, what am I going to do? Where am I going to really find a job?"

She is well acquainted with the fact that before I started college, that I spent, I mean it was a mandatory thing through the Department of Human Services, that you would go out and hunt 12 jobs each month. You know, you would go out and apply for them.

She was very aware of this. She said, "Mom, you used to hunt for jobs all over the place and you couldn't find anything," you know, "You'd have to drive and you couldn't find a job anywhere, so what am I going to do when I get old enough that I need a job?" She said, "What am I going to do?"

So I told her, I said, "I think the only thing I see right now is leaving this State."

She said, "But, Mom, I love it here. You know I don't want to leave."

So they really are seeing, even at her age, they are seeing there just are not any jobs here for them. There is not anything, really, any hope for them in West Virginia.

Chairman LELAND. How do you pay for your schooling?

Ms. ROLLINS. Through a Pell Grant.

Chairman LELAND. Pell Grant. I have heard that a lot. For the last 8 years we have been fighting to save the Pell Grants, as a matter of fact. I appreciate that.

Let me now go to you, Sister Elizabeth.

Are there any seasonal patterns as to when there is a great demand for emergency food assistance?

Sister ELIZABETH. Probably not so much seasonal as end of the month, toward the end of the Food Stamp Program, before their next food stamps come out.

Because the food stamps are given out according to the alphabet, it is at the end of the month or the beginning of the next month that the people come. Perhaps worse in the winter because of the high heating bills, January and February.

Chairman LELAND. We were told by two different people this morning, who we visited, that their utility costs were very high, comparatively, of course, but very high and a large portion of the moneys that they get through their respective benefits go to paying utility costs.

Sister ELIZABETH. Yes.

Chairman LELAND. And thus it reduces the amount of money that is available to supplement their food intake, food resources. I also heard that there is a place somewhere near here that will take food stamps and purchase them from the recipient of the food stamps and give the people hard cash, and the people would then, once they have that hard cash, they would pay utility costs or even rent, to some extent.

Are you familiar with that?

Sister ELIZABETH. Well, yes.

Chairman LELAND. I do not want you to say that you know where this is happening, and I am not trying to incriminate you in any way.

Sister ELIZABETH. Yes, I do.

Chairman LELAND. But you have heard the story?

Sister ELIZABETH. Yes, I have.

Chairman LELAND. It seems to me that——

Sister ELIZABETH. Sometimes for medicines, too, because medicines, Medicare does not cover a lot of ordinary medicines, like cough medicine and Tylenol, or ear drops or bandages, or any of those things. So if you put all your money into utilities and then something happens that all your children are coughing, then you find a way to trade in some food stamps so that you can get the cough medicine.

Chairman LELAND. That is incredible, really. That is a bad note in American history today.

Sister ELIZABETH. But the AFDC is inadequate, actually, because heating bills are ferocious. I just had somebody right now that had their gas turned off because they owe $235, which they were supposed to be paying it back at $50 one week and $75 the next week. They only paid $50 each week, so their gas has been turned off, which means their hot water and their stove. Now they do not need the heat, but what are they going to do?

Chairman LELAND. The other thing is that many of the homes that the people live in are not necessarily energy efficient homes?

Sister ELIZABETH. There is no insulation in most of the homes, at all. First of all, a large percentage of the people live in what used to be the old company houses, and there is no insulation in those houses at all. But even in the one of the families that you visited this morning, that is a home that they built themselves. That is not insulated.

Chairman LELAND. Do you think that we should be paying more attention to helping people across the board in areas like home weatherization and things like that, which then brings down the cost of utilities?

Sister ELIZABETH. Yes. The housing is totally inadequate. There needs to be all kinds of weatherization programs. But the Upper Kanawha Valley Improvement Council does do some of that, but it is very, it gets to very, very, very few of the people. I know of one widow who has been waiting 2½ years just to have a little bit of work done on her house, never mind, it would not be anything like weatherization, just some simple things.

Chairman LELAND. Where do you get the food that you distribute to people?

Sister ELIZABETH. We do not get our food from the Mountaineer Food Bank. All of our food is donated by East Bank Ministerial Association, which is the six churches in East Bank, our church that we are a mission of, which is St. Johns of Belle, and other donations.

There is a large Catholic Church in South Charleston which supports us. Other churches in Charleston bring us food. They come out with carloads of food. St. Francis Hospital brings us food, and we get donations other places, too. So it is all donations.

Ours is not a very large food pantry. It is just a small one.

Chairman LELAND. Generally, how knowledgeable are your clients about Federal food and other assistance programs?

Sister ELIZABETH. Most of our people know about the food stamps, but most of them do not know about the WIC. We have to introduce them to the WIC Program. I am constantly running into young people who never even heard of it, and might be 6 months pregnant before they discover that they could have been getting nutritious food to help themselves and their preborn child.

Chairman LELAND. Is the Federal Government doing its job in informing people, particularly in areas like this, where there are communities that are very remote, about the availability and eligibility?

Sister ELIZABETH. I think the WIC Program is not adequately advertised, because it is only through people like myself that a lot of young people hear about it, word of mouth rather than some kind of a program of mailing or things like that.

Chairman LELAND. Maybe we should provide some incentives and some resources for the purpose of informing folks on a much larger scale than what we have through our local elected officials and county commissioners, courts, city councils and through the legislature, a joint effort with the Congress, doing some things in that line.

Do you think that might be helpful?

Sister ELIZABETH. I think that would help, yes.

Chairman LELAND. Thank you.

The gentleman from West Virginia.

Mr. STAGGERS. Thank you, Mr. Chairman.

Sister, being from East Bank, 10 years ago I refereed basketball in East Bank and I sure hope that they have forgiven me since then.

I am Catholic, also, and I know that our church is very outspoken on right to life, and has spent a lot of money, provided a lot of information, so I am very proud that you are here in what I consider a right to life issue, and that is nutrition and hunger. I wish that we would do a little bit more, as a church and as a religion, and as Christians.

When I read the Bible, that is one of the things which I think is very evident. We were taught, or hopefully taught, that we would take care of, not only as a people, but also as a government.

You mentioned about a different priority in the Federal Government, but even if the priority is defense, I guess it can be argued, at least I would argue that it does make sense that we invest first in the people that are going to have to operate those weapons systems.

If they are hungry they cannot learn. If they cannot learn, they cannot get into the programs that will operate our military whether it is SDI or whatever. So even if we have the same priorities, we are not doing a very good job.

Also, we must invest in our children now, who are going to be the people who will be given those jobs that will pay the taxes so that we can fund any type of defense system. So even if we give the priorities that seem to be operating now, we are not doing it in a very good way.

Also, along those lines, I will argue that it is to our own best interest to take care of the hungry.

You mentioned dollars and cents, that our priorities are there, in our self-interest. Is it not to the benefit of the rich as well as the poor that we include all of society, because this is a democracy? The more perfect Union that the Constitution talks about is, if we do not do that, the problems arise in our own system of government.

So even though the priorities that you mentioned seemed to be out of order, even with that we need to accomplish what I think this hunger hearing is trying to accomplish, and that is putting more resources into fighting hunger.

I will now step down from my soap box. But, I do have one question.

With your experience in dealing with individuals, is it your experience that some parents are actually skipping meals so that their children will not go hungry?

Sister ELIZABETH. Absolutely, yes.

Mr. STAGGERS. Do you have any recommendations that we can take back to our colleagues of how we can change the nutrition programs?

Sister ELIZABETH. If we are just addressing the nutrition program, then certainly people who need the Food Stamp Program need what the New York Times says is the possible way to eat properly. Why is it that some people can spend thousands of dollars on food and others only have $270 a month for a family of four or five?

So if you are only addressing that, they certainly need more food stamps.

Mr. STAGGERS. We are working on that.

Sister ELIZABETH. Food Stamp Programs are absolutely essential, but they are only a start. We need economic development, not military development, if we are going to change the picture.

Mr. STAGGERS. Unfortunately, that is not the jurisdiction of the Hunger Committee.

Sister ELIZABETH. I know.

Mr. STAGGERS. I will be talking to Mr. Leland about some of our economic problems, too.

Chairman LELAND. If the gentleman will yield?

Mr. STAGGERS. I will yield.

Chairman LELAND. Actually, we tend to mess around in everybody's business, to the dismay of some people who have some sanctimonious attitudes about turf, because we realize that the core of the problem is rather economic, to say the least.

In Houston, TX, for instance, my district, we have grave hunger and homelessness problems. Much of this situation is due to the downturn in the economy in Houston resulting from what has happened with the oil and gas business.

We have to pay special attention to trying to rebuild our economy so that people can eat, so all of those things are inextricably tied. So if I can do anything to help my colleague to boost his economy in his district or the State of West Virginia, I certainly want to do that.

Mr. STAGGERS. I have nothing else.

Chairman LELAND. I thank you.

Sister ELIZABETH. All those things are tied in, the fact that we do not have any adequate health programs for our people ties into food, because they do not have—are we not one of the few countries in the free world that does not have universal health care? We have many people with no health benefits, many.

Chairman LELAND. Have what, now?

Sister ELIZABETH. We have many, many people with no health benefits.

Chairman LELAND. Oh, yes.

Sister ELIZABETH. No health insurance, whatsoever, many people without any health insurance.

Chairman LELAND. Just another statistic, too, that we have fallen from being 14th among industrialized nations in infant mortality, to 17th among industrialized nations. That is unforgivable, because of all of the factors we have discussed.

Mr. STAGGERS. Ms. Rollins, I want to thank you for coming, too. Hopefully, your husband will not get jealous, but I think you are a prime example of beautiful people. You have beautiful eyes. I can see why your husband would be very much attracted to you. I think showing Mr. Leland some of the beauty, natural beauties of West Virginia.

I do want to ask you a question. Since you do have three children, I assume that they get free meals in school, the School Lunch Program and some of the other programs.

What type of problems do you run into in the summer? You mentioned your garden. I assume that helps a little bit, but what are some of the problems you run into in the summer when those programs are not available?

Ms. ROLLINS. In the summertime, now I am going to use somebody besides myself because there are some people who come into the food pantry who say they depend on school for their children's breakfast and lunch because they never know what they are going to come home to for supper.

The lady said, she told me just before school was out, she said, "I really don't know how I'm going to feed my children." She has five to feed. She said, "I don't know how I'm going to feed them without the summer program." She said, "They do not give us enough food stamps. Even with the food pantry's help, I still don't have enough."

They do not live in an area where they can supplement with a garden, so they do not have access to it. These people are really going hungry, and I, myself, I do not run into a real lot of problems except for milk. We cannot buy the dairy products because they

are so high. That is our biggest problem, and the fruit, because we do not have our own fruit trees.

Mr. STAGGERS. What would you do without your garden?

Ms. ROLLINS. It would be just like the rest of the time, a lot of potatoes, beans, and breads.

Mr. STAGGERS. The same question that I asked Sister Elizabeth, what recommendations would you offer to make some of the nutrition programs more accessible?

Ms. ROLLINS. I would say to give the people more of the food stamps so that they could buy more food, you know, the vegetables and fruits, things like that. And the WIC, I have to agree with her that is it not, you know, people really do not know that much about it. It needs to be publicized more.

Mr. STAGGERS. An educational type of program?

Ms. ROLLINS. Just the fact that it's there, you know. I had one lady come into the food pantry one day and she said, "Have you ever heard of something called WIC?'

I went on to explain to her about the program and she said, "I found this little card somewhere and," she said, "it sounded interesting, but I didn't know anything about it."

So really, she didn't, you know, she didn't know anything about the program at all.

Mr. STAGGERS. I want to thank both of you for testifying.

I have no more questions, Mr. Chairman.

Chairman LELAND. Thank you very much. Both of you have been very helpful to us and I commend both of you for the work that you do. Thank you.

By the way, Sister, two things, the New York Times is here reporting on the hearings today and I also am Catholic, and I appreciate what the church is doing.

Sister ELIZABETH. Thank you.

Chairman LELAND. I would like now to call our final panel forward, Ms. Regina S. Lipscomb, Ms. Patricia Moss, and Dr. Ngaire van Eck.

In 1986, Ms. Lipscomb was appointed commissioner of the West Virginia Department of Human Services, which administers the Food Stamp, Aid to Families with Dependent Children, Medicaid and Temporary Emergency Assistance, or TEFAP, Programs.

Prior to that, she served as director of employment and training in the Governor's Office of Community and Industrial Development.

Ms. Moss is the assistant director for Maternal and Child Health Programs with the West Virginia Department of Health. Her office supervises the operation of the Supplemental Food Program for Women, Infants and Children, or WIC, and the delivery of health care services for women and children in this State.

Dr. van Eck is an extension specialist with the West Virginia University Extension Service. She has spent the past 16 years involved in the provision of nutrition education services to low-income families.

We thank all three of you for joining us this morning, now this afternoon.

I would like, now, to ask Ms. Lipscomb if she would proceed.

STATEMENT OF REGINIA S. LIPSCOMB, COMMISSIONER, WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES, ACCOMPANIED BY RITA DOBRICH, STAFF MEMBER

Ms. LIPSCOMB. Thank you, Mr. Chairman and Congressman Staggers. I do appreciate the opportunity to attend this forum on the issues of hunger and poverty in America. It is certainly an honor that your distinguished committee has selected West Virginia and its program as the focal point of your discussions today.

West Virginia is well known for its initiative in administering food and nutrition programs. As you may be aware, the Nation's first food stamp was issued in McDowell County, about 100 miles from here, in 1961.

West Virginia also established the first statewide Food Stamp Program in the country in 1968, and in 1970, we were also first to offer all food stamp recipients the option of mail-out issuance.

Our innovative administration of the Food Stamp Program and our effective operation of the State's Public Assistance and Donated Foods Programs make West Virginia uniquely qualified to identify barriers in the present system and to offer your committee suggestions on ways to make our food and nutrition services more accessible to our public.

In West Virginia, complex food stamp policy is one obstacle to participation in the program. Workers in our State determine eligibility for both AFDC and Food Stamp Programs, a method that is a similar operation in many other rural States.

We have found that food stamp policy requirements are more often difficult to apply than those for public assistance. For example, the methods of determining the value of vehicles differ, as do methods of counting student loans and grants. Differences also exist in the manner in which child support is counted. For instance, the first $50 of child support received each month is not counted as income in AFDC, yet it is counted in the Food Stamp Program. Although there has been some movement toward making eligibility requirements more consistent, we see a need for stronger advocacy for efforts that will streamline the eligibility process and will create a more efficient delivery system.

Our aged and disabled Americans on fixed incomes, especially those who live in rural areas, are often affected by another set of circumstances and barriers in the system. Many of these individuals have no access to public transportation and find it quite difficult to travel for food stamp issuance and certification sites.

Although West Virginia's mail-out policy has eliminated the need for program participants to pick up their food coupons at local offices, our clients must still travel to our local offices for recertification every 3 to 12 months.

The State is examining the possibility of extending the certification period for elderly and disabled individuals. We are also looking at alternative ways of completing the certification process, including methods that employ the telephone, mail-in, and mail-out forms.

We feel that we can implement these programs much more easily if Federal law and policy allowed us the flexibility to effect these changes without seeking waivers. I believe this freedom to

design programs is crucial if we are to effectively address the unique needs of our State citizenry.

West Virginia is committed not only to the efficient provision of benefits for the needy, but also to efforts such as employment and training, that will encourage independence from the welfare system.

However, participation in these training activities often has a negative impact on the family's purchasing power of food. One major factor is the cost of child care. Therefore, I would believe and recommend to you that there is a need to increase the deduction for dependent child care expenses for the working poor and unemployed.

An increase in child care deduction will provide the client with a larger food stamp allotment while he or she is striving for self-sufficiency.

Another area of commitment is West Virginia's commodity distribution programs. Our surplus foods program, which provides commodities to the local School Lunch Programs is notable for its local delivery of foods to schools in each of our 55 counties.

As you may be aware, many States require school systems to pick up their commodities at a central location, and West Virginia's willingness to provide local delivery further demonstrates our commitment to this program and our efforts to continually improve the nutritional well-being of West Virginia's children.

Our Temporary Emergency Food Assistance Program, or TEFAP, is extremely popular in West Virginia. We have always accepted our full allocation of donated foods as well as unclaimed portions of commodities offered by other States. The State has continued to place an emphasis on the recruitment of community agencies to assist with the distribution of commodities.

The involvement of these agencies provides our citizens with improved access to the program and creates for us an active network of concerned and committed volunteers. A recent example of this is Governor Moore's grant to award the Eastern West Virginia Community Action Agency a $14,500 grant to fund the installation and operation of a toll-free shared food telephone access line at the Mountaineer Food Bank in Gassaway, which you have heard from earlier today.

The grant will allow food pantries located throughout West Virginia to save money by practically eliminating the need for the food pantry to make hundreds of dollars worth of long distance phone calls in search for food commodities to stock their shelves. The money saved by the food pantries would then be used to better serve low income residents in our State.

We are also very concerned about recent cutbacks in the commodities program. I believe it is very important that the Federal Government and this committee continue its strong commitment to families in the provision of food. Our families must at least be able to access the same amounts of nutritious foods as they have in the past.

The continuance of TEFAP is receiving much debate in the Congress and I would urge you to keep in mind its impact on our citizens as you decide its fate, or consider other options such as an overall increase in the foods coupon allotment.

I was very glad to hear, Congressman Staggers, that those two components are in your bill.

In summary, we believe that barriers to hunger and poverty can be eliminated through consistency in Federal regulations, flexibility for States to operate local programs, increased support services such as child care for those entering work and training programs and an enhancement in food commodity levels.

You know, Samuel Johnson once said, "A decent provision for the poor is a true test of civilization." I believe we all recognize the importance of developing measures that will allow the needy to gain independence from poverty and hunger, and I believe we all agree that there is a need for a healthy partnership between Federal and State governments and the public at large if we are going to be able to make progress and reach our goal.

Public forums such as this provide us with an opportunity to suggest ways to enhance our system. The Department of Human Services certainly appreciates this opportunity and I will be happy to answer any questions you might have.

Thank you.

[The prepared statement of Ms. Lipscomb appears at the conclusion of the hearing, see p. 86.]

Chairman LELAND. Thank you very much.

Ms. Moss.

STATEMENT OF PATRICIA MOSS, ASSISTANT DIRECTOR, MATERNAL AND CHILD HEALTH, WEST VIRGINIA DEPARTMENT OF HEALTH

Ms. Moss. Good afternoon. We are delighted to be here and it is wonderful to hear so many positive comments about the WIC Program.

So many times we in the State government feel that we are not being responsive to the people in this State and we are trying to make every effort. Nevertheless, it is nice to hear that although there are some problems, in total, the program is well-received.

Maternal and child health is the agency within the Department of Health that is responsible for the Women, Infant and Children Program. If I could say anything to you today, I would say, "Send money."

Right now we receive sufficient moneys to take care of approximately 29 to 30 percent of those persons living within the State of West Virginia who are potentially eligible for WIC. Right now we believe that there is an estimated 114,000 women, infants and children who are eligible for WIC, but we are only serving 33,000 of that number.

We wish that there were more dollars so that we could, in fact, market the program a little better than we are doing at this time. However, to advertise the program and not have the fiscal resources there to serve the population would be unconscionable.

What we have attempted to do is we have targeted efforts toward those people that we believe are most at risk of nutritional handicapping conditions and have dietary needs, and that would be your pregnant woman, that would be your infant who is under the age

of 6 months, breastfeeding women and very, very young children under the age of 1.

The way that we are attempting to improve our marketing strategy is that we are, in cooperation with our sister agency, looking at the people who have actually accessed WIC and comparing those names against a printout that identifies pregnant women throughout the State of West Virginia, who are on Medicaid.

If the woman's name does not appear on our WIC printout, then that woman is contacted by letter and advised of her potential eligibility for WIC services by virtue of the fact that she is pregnant.

Now, our letter does not allude to the pregnancy at all, because we do not know what we are dealing with. We may have a very young person out there in the system who has not told her parents or has not told someone else that is a significant other about the pregnancy.

What we do say is that it would appear that you are potentially eligible for WIC, would you contact us. There is enclosed in that document a flyer that advertises WIC, explains where she can access the services locally.

That is a new marketing strategy that we are doing in cooperation with the Department of Human Services. Now, more than ever, our two agencies are in health partnerships to serve the people of the State.

As I said previously, the biggest problem is the lack of funding for this program.

Also, we have identified a need within the framework of WIC that I would like to address. It was touched on briefly by Dr. Garland, and I think it is very, very important. That is, we believe a significant number of those women, infants and children across our State who are eligible for WIC are obese.

We have done a couple of studies lately, and what we are finding is that in the 1.9 million population that we have in the State of West Virginia, 28 percent of them are overweight or obese. We also know that something like 17 percent of our female population between the ages of 17 and 34, which are our child bearing years, those women, too, are overweight.

We are now implementing a special study which will tell us a little bit more about our young children and the obesity problems that they experience.

What you would ask me is, "Why is that?" Well, why our people are overweight is the type of diet that they have. All the people who have given testimony before me certainly have portrayed, with accuracy, the needs that exist in the State of West Virginia.

We do note that the population here has an unusually high level of serum cholesterol, since they consume enormous amounts of fat. I think one of the previous people who gave testimony alluded to the use of making gravies and things of that sort, which would be grease based.

We are also very much concerned about the fact that our people have an inordinate amount of salt intake in their diets. Now, you may ask me, "Well, why is this important? What does this have to do with WIC?"

What this has to do with WIC is that WIC is, in fact, not only a food supplemental program, but the idea is that we are to educate

our people in terms of better lifestyles and educate them toward wellness.

What we are finding in the State of West Virginia is that a lot of our people are dying because of heart disease, cancer and diabetes. As a matter of fact, in the packet of materials that I submitted to you, gentlemen, if you will look at it closely, you will find that we are an exception across the United States, when you look at the number of people we lose to these diseases.

What that means is that, in fact, those deaths could have been prevented if the educational opportunities and dietary changes were out there for our people to learn new skills and if we were, in fact, able financially to support these activities.

In addition to that, if you look at the average life expectancy of 70 years, and then you look at the life expectancy here in West Virginia, that is attributed to losses due to diabetes, cancer and heart disease, what you will find is that we are by far losing more people than any one else.

We are losing people who could have been good contributors to our work force; we are losing people who are off from work because they are not able to work and earn a living. So there are lots of issues that surround the Women, Infants and Children Program that we have not addressed here today, in addition to just the basic health needs as far as meeting dietary needs of West Virginia's population.

What we are attempting to do in the State of West Virginia, in addition to the marketing strategy that we have developed, is that we hope to look certain areas in our State that have a high incidence of low birthweight babies, that have a high incidence of deliveries, target our efforts, using the WIC Program and the Medicaid Program as our vehicle.

We hope to pilot this effort beginning this year, the idea being that if we provide adequate intervention and educational activities to this population, can we make a difference in terms of the lifestyle and subsequent wellness of this population.

We also believe that if we target these energies toward the women, infants and children, as opposed to the older population, that we will have, over the long haul, an opportunity for greater impact.

As I said, that project should be starting by September or October of this year. It is being financed, not by State dollars, but rather by Kellogg Grant moneys which we have secured and additionally, through the Robert Wood Johnson Foundation moneys.

A couple of things that people who testified before me alluded to, and I think really need to be addressed, because I would hate for them to leave this room with unanswered questions or concerns, and that is the accessibility of WIC.

Today you had an opportunity to visit families and to see some of the problems and hear the problems that they encounter in terms of trying to maneuver around our State, in terms of health care access, in terms of trying to navigate to Big Bear when they live at Cedar Grove, and those kinds of issues.

The WIC Program is very much aware of that problem and what we have attempted to do is to, in State government, is to get away from the direct delivery of health care services, provide funding to

our communities so that the community health entities can respond to the individual needs that are out there.

By doing that, by providing subcontracted funds through WIC, we have now 70 sites for not only the determination of WIC eligibility, but the distribution of the food voucher itself. Hopefully, this will make WIC more accessible to the population.

If, in fact, we had more money, then we would be willing to step up our marketing strategy. However, in the interim, as I alluded to, we will be doing the mass mailings that will be going specifically to identified Medicaid, pregnant women.

Now, the reason that is significant and the reason I want to come back to that point, is that is significant because in the State of West Virginia we have between 43 and 56 percent of our births born to women who are potentially eligible for Medicaid sponsored obstetrical care.

If you look at our declining population and our declining birth rate, what you find is that in this past year there were something like 22,280 births. In years past, when I first started this job, our numbers were like 24,000 and 25,000. So we are constantly on the decline.

In addition, what we are finding is that the number of low birth weight infants born to our population has not drastically declined. We are still having a number of low birth weight babies every year between 1,500 and 1,700.

If you also look at our death ratio from that population, what you will find is that although our tertiary care facilities located at Morgantown, located at Huntington, located at Charleston, are doing a remarkable job in terms of saving infants, we are still losing something like 10 percent of the children that make it to our neonatal units.

Those that we are saving, the 90 percent, are being saved by medical technology, not necessarily strides that we have made in the health field in terms of health care prevention and education.

I would also like to say to you that of the 217 babies that we lost last year, 58 percent of those were babies who we would consider to be low birthweight, that is a baby, for the audience who may not know, that weighs 5½ pounds or less.

So although we are making some strides, we have joined together with the Department of Human Services in a partnership to better serve the people of the State, there is much to be done. It is not realistic for us to come to you and say that we are doing everything, because it is not true.

It is also not realistic for us to believe that we can ask the State legislature for additional moneys to be expended for this population in that, at this time, we are really struggling just to meet the basic needs in our State, much less to do expansions.

Also specific to the pregnant women and trying to target our effort to her in particular, so that we will be able to reverse this terrible cycle of adverse pregnancy outcomes, I would like to say to you that thanks to a progressive administration in the Department of Human Services and in the Governor's Office, we were able to embrace some Federal options under OBRA and, in fact, many pregnant women who heretofore would not have been eligible under Medicaid, now have benefit of Medicaid sponsored health

services. This is also true for our young children who were born after 1983.

All of these things tie back into our desire in State government to maximize our resources, to do the best job we can to serve the needy in the State of West Virginia.

To be able to come to you today and say that although we do not have enough money to take care of the population in its entirety that are eligible for WIC, that are eligible for family planning, that are eligible for prenatal services, that are eligible for our children's health care programs, we are doing the very best we can to maximize those resources by targeting our energies and by pooling our manpower and financial resources.

[The prepared statement of Ms. Moss appears at the conclusion of the hearing, see p. 93.]

Chairman LELAND. Thank you very much.

Dr. van Eck.

STATEMENT OF NGAIRE VAN ECK, EXTENSION SPECIALIST, COORDINATOR, EXTENDED FOOD AND NUTRITION EDUCATION PROGRAM, WEST VIRGINIA UNIVERSITY EXTENSION SERVICE, MORGANTOWN, WV

Ms. VAN ECK. Chairman Leland, Mr. Staggers, ladies and gentlemen, it gives me great pleasure to be here today and to see you face to face, when I realize I spend considerable time in my year writing reports that I think are compiled and end up in your committee.

I have worked in the West Virginia Extension Program for the past 16 years, and we too, much like the WIC Program, have limited means to work with.

Over the time of those years that I have been working with extension, and with the EFNEP in particular, I have seen some changes happen in the kind of client that we reach and think that there are some hopeful signs in what might have seemed, in the 1970's, to have been really a hopeless situation for many families.

We are, through the help of nonprofessionals, working directly with families in the home. We are focused, though, in only 10 counties in West Virginia, in southern West Virginia, and we are spread pretty thin. There was a day, back in the seventies, when we had the program in all but five counties, so we have had to really retract and focus.

The families that we are dealing with are mainly rural, over 70 percent are living in the kinds of communities that you see around you and even more rural. In counties like McDowell County and Wyoming County, where the hills come closer together, there really is no land to grow a garden, so the resources are even less.

We are reaching younger women than we used to, and I think that this is also hopeful, because, like many people who have testified today, I see real hope for reaching and improving the health of our mothers and babies.

Many of the families are unemployed and most of them have finished at least 1 year of high school, whereas 10 to 15 years ago, the majority of the people we were working with would have not fin-

ished eighth grade. In fact, half of the families now in the program have finished high school or their general education diploma.

But they are strongly, heavily dependent on the Food Stamp Program, on welfare support, and on WIC support. I think that without that kind of help, the families just would not make it.

Typically, when a nutrition aide starts working with a homemaker, she finds that the woman just does not know how to spend those food stamps wisely. She tends to buy foods that will be eaten up in the first 2 weeks. She just does not know how to manage. Typically, the family is eating plenty of breads and cereals and somehow, too, is affording meats.

For the audience listening, we categorize meats as the dried beans, eggs, poultry, fish as well as red meat. Families do afford the meat foods but, in this State, the foods that are most lacking in the diet of the program families are milk foods and next in importance, are vegetables and fruits. But the milk foods are the most seriously lacking.

I believe that the nutrition aide cannot work a miracle, that we do have a record of improving diets, and I think one thing that the nutrition aide does is to help see that all of the recommended foods are represented in the diet in the most economical way possible.

The thing that I think is most valuable that the nutrition aide does is teach a woman how to plan and how to shop wisely so that she can, in fact, feed them better through the month.

I think those who qualify for the WIC Program are even better off because they get additional foods from that program, too.

The families, because they are mostly rural, do have some barriers, though, to their quality of life. The family that has to find food for children during the summer really struggles because they do not get the school breakfast and school lunch that they do during the school year.

But perhaps the biggest problems, and they have been mentioned today in several places, employment opportunities are just not there in those rural counties. For the past 3 years, the nutrition aides have been recruiting families that are 100 percent food stamp recipients and our State average in the program is 90 percent, whereas in the rest of the country, the EFNEP has a much lower percent of food stamp participation. I am sure that you know that the coal counties are the ones that are suffering the most, economically.

Transportation problems really cut into a lot of areas of the family's life. They need to pay someone to go to the grocery store or they go to a local store that charges more, so food costs more. If they have place for a garden, then the program can help them with that and certainly encourages that as an activity.

Another thing that is affected is their health. Families tend to wait until they are really sick before they go to a clinic because they do not feel that the minor health problems warrant the cost of the transportation, so health clinics tend to find very exotic complications of diseases by the time the family comes in.

Probably, the underemployed, people who have part-time work or people who are working at only certain times of the year are the worst off because they cannot count on qualifying for their food stamp support consistently. If they wish to work, they may lose

their medical benefits and that, especially for mothers of young children, is their best insurance to helping them stay healthy.

Though teaching families one-on-one is costly, I believe that the objectives of the program are very focused and are practical, and I think help bridge gaps that are left in nutrition education in some other food programs.

Our schools do teach young women food and nutrition, and certainly health concepts are being taught in school more now than they used to be. But today's young people do not know how to plan meals and how to cook, so they certainly do not know how to cook from basic staple foods, the least expensive foods.

The nutrition aide does help improve diets in the family she is working with, and does, indeed, help families stretch their resources.

We just wish we could afford to spread more than in the 10 counties we are working in now, because the need is there.

[The prepared statement of Ms. van Eck appears at the conclusion of the hearing, see p. 103.]

Chairman LELAND. Thank you so very much.

Dr. Lipscomb, to what extent is the Food Stamp Program automated here in West Virginia?

Ms. LIPSCOMB. Our Food Stamp Program is completely automated. We are completely automated with our Food Stamp Program and we also have a provision for emergency issuance for someone coming into our local office. We can turn that around in, I believe, a 24-hour time.

Chairman LELAND. What effect does automation have on program administration and special service.

Ms. LIPSCOMB. Our administration of the Food Stamp Program, we are very proud to say, is very minimal. We do have the mail issuance statewide. We expend very little money in the administration of the Food Stamp Program.

Chairman LELAND. What kind of problems do you have with the mail. Do you get many complaints that your recipients are not receiving their food stamps or they have been lost?

Ms. LIPSCOMB. No, we have very few complaints. I would say it runs quite smoothly, just the normal things that you would encounter in any program, but by and large, there are very few occasions where clients did not receive their food stamps. When we are made known of it, we do have a vehicle in place to get some emergency food stamps to them.

Chairman LELAND. I threw that in because I also am the chairman of the Subcommittee on Postal Operations and Services, so I like to hear good things about mail getting delivered.

As you know, for the past year Congress has been working on comprehensive welfare reform legislation based on the concept that programs need to be streamlined and that, in many places, benefit standards need to be improved.

What would you site as the necessary components of an effective welfare network in West Virginia, from your perspective?

Ms. LIPSCOMB. What I see as the most critical thing, we would like to see the food stamp coupon allotment enhanced as well as commodity levels continued. But also, there are barriers to employment, I believe, that are significant here. It is just unfortunate that

a mother who has two or three small children and has obtained training and does have a job potential out there, who is reluctant to enter the job force because that new job carries with it a waiting period for medical services. Our current programs do not allow us to fill that gap.

I believe medical care is extended for 4 months past AFDC, and then the mother is left holding the bag. Therefore, she, or even an unemployed father, are reluctant to go in the workforce because of those things, and they lose many other type benefits because of this transition from welfare to work.

They are, in essence, penalized for wanting to get out on their own.

Chairman LELAND. What kind of services does the department utilize to inform low-income persons about the availability of public assistance benefits?

Ms. LIPSCOMB. We have quite a number of brochures that we have distributed throughout the volunteer network and our public agencies, and we have mailouts as well. We also have PSA announcements for radio and television, that advertise about the various programs that the Department of Human Services provides.

Chairman LELAND. How effective are the communications programs when they give those public service announcements?

Ms. LIPSCOMB. Well, usually they run about 2 a.m. in the morning.

Chairman LELAND. That was what I was wondering.

Ms. LIPSCOMB. However, we will take what we can get.

Chairman LELAND. Let me say, too, that I also serve on the Telecommunications Subcommittee. I am getting a lot of good information here today, and I appreciate that because I, too, have the concern that while it is a benevolent overture for the media to give these kinds of spots, they usually happen at 3 and 4 o'clock in the morning, you know, at ridiculous hours.

I will not get off on that, but I will take that back to my chairman.

How long is the waiting period for expedited benefits in the Food Stamp Program?

Ms. LIPSCOMB. Well, I will have to refer that to one of my staff members, but we do meet all the guidelines. There is 30 days on some of our programs.

Ms. DOBRICH. We do not have any problems with expedited services because any case that a client comes in and applies and is approved, that case is entered in our data system today.

Chairman LELAND. Please come forward so the reporter can hear you so that he can get this into the record. You might want to identify yourself for the record.

Ms. DOBRICH. My name is Rita Dobrich. I am with the West Virginia Department of Human Services.

We have not experienced any problems with expedited services. The client comes in and applies, and if we are able to approve that case that day, it is entered in our data system and the stamps are mailed to the client the next day.

Chairman LELAND. I hear disgruntlement on the part of the audience. Let me suggest that, in your defense to some extent, and I do not want to get hit by those who have been hurt by whatever

delays, but when you put the stamps in the mail, it then becomes the responsibility of the Postal Service to deliver those stamps. I hope that there are minimal problems, but I understand, too, that there are exceptions to all of the circumstances that are surrounding your program.

How long has this State used mail issuance for the Food Stamp Program?

Ms. LIPSCOMB. We have been in place since 1970, I believe. In 1970, it became an option and we do all of our food stamps in that manner, currently.

Chairman LELAND. What impact has that had on the participation in the program?

Ms. LIPSCOMB. I think it has been great for our State because we are, basically, a rural State and it eliminates the need to travel to the food sites, to our local office once a month to pick up your stamps.

Most homes have access to the mail service, and we have found that there is no fraud or any of those kind of things that perhaps might be the case in an urban setting, or theft within the mail boxes and those things, so it has been quite effective and it is right there for them.

Chairman LELAND. Ms. Moss, last year the select committee conducted a hearing on strategies to reduce infant mortality. At that time we were informed by representatives of the Department of Health and Human Services that they discouraged the establishment of WIC Programs where health care is not easily accessible.

What are your views on this policy?

Ms. Moss. Well, what I would say is that——

Chairman LELAND. I am not trying to pitch you against those who may help you.

Ms. Moss. The State of West Virginia embraces the idea of WIC being an adjunct to health delivery. Along that line, what we have attempted to do is provide contractual moneys for the day-to-day operation of WIC with those individual agencies that can, in fact, provide an array of health-related services.

Right now, we contract, through the Department of Health, with eight local agencies for the provision of WIC services throughout the State. Each one of those local agencies are, in fact, a health delivery agent.

They may not be a private doctor's office, but they would have access to health services by virtue of a physician coming in on site. So our contractual relationships are with county health departments, primary care centers, also known as community health centers, and I believe those are the only two that we are using right now.

It seems to work very well. One of the things we have attempted to do is, by making the health delivery services available in conjunction with WIC, we have a real opportunity to piggy-back and market, and to be certain that those individuals who serve through the program are accessing other health delivery systems.

Chairman LELAND. How heavily does the State health care system rely on National Health Service Corps physicians to assure the availability of health care to low-income West Virginians?

Ms. Moss. Are you sure you are not a West Virginia native? You are asking all the right questions.

We have a real problem in the State of West Virginia specific to medical manpower recruitment. One of the things that we have encountered is that in years past, we have relied a great deal upon the National Health Service Corps. As you know, the Corps is in trouble and our ability to do that is not going to be there as a vehicle.

Right now, we still have several Corps physicians scattered throughout our State, but their time commitments are fast coming to a conclusion. What we have attempted to do to respond to that continuing manpower recruitment need is we have established, within the Department of Health, an office called primary care and recruitment. We have one individual right now who does nothing but recruit for our primary care centers and our medical community, to bring people into the system so that areas of the State where there are manpower needs have an opportunity to vie for that physician or that nurse practitioner, or whatever that specialist might be.

So we are attempting to make some effort in the State of West Virginia to address the fact that the National Health Service Corps will not be with us always.

Chairman LELAND. What recommendations would you make for improving the coordination of WIC and Maternal and Child Care Programs?

Ms. Moss. The WIC Program is an integral part of all our maternal and child health activities in the State of West Virginia because Maternal and Child Health is the umbrella agent under which family planning, prenatal programs, pediatrics services, not only for Medicaid children, but for non-Medicaid children, and WIC.

What we have attempted to do is to streamline eligibility processes so that if, in fact, a person would come into a county health department, discover that she is pregnant, that individual would have an opportunity right then to be referred into the WIC delivery system and into a prenatal care provider site, eligibility requirements being the same, working together in terms of a streamlined eligibility process.

That activity is being enhanced by virtue of the relationships that we have established with the Department of Human Services, which will be, in fact, financing much of the health care.

Chairman LELAND. Responses to a survey conducted by the Select Committee on Hunger note that the State is interested in launching a infant formula rebate program.

What are your current plans for implementing this system and what projections do you have for the number of additional participants this program would enable you to serve?

Ms. Moss. I can answer that question in part. We have been looking very closely at what I would call enrichment or enhancement activities that are available under the infant formula rebate packaging from formula companies.

In West Virginia, because we are not a direct distribution site—in other words, our participants, just as if they were a food stamp recipient, receive a voucher and they pick those vouchers up at the

health care system in which the WIC services are provided. So the idea of arranging for rebates to cut down our cost on the direct distribution will not work for us.

We have narrowed it down to will the State of West Virginia—and no one knows the answer to this yet—will we go for sole vendor, in other words, competitive bid process, which is our standard and traditional format for purchasing in the State of West Virginia, or will we, in fact, go not with the competitive bid process, but an opportunity for all three formula companies, Wyeth, Ross-Lab, and Meade Johnson, to compete, offer us a rebate per infant formula can, and recover moneys in that fashion.

To date, a decision has not been made. I would say to you, however, that we believe we would be able to significantly increase the number of participants in WIC by virtue of the recovery, regardless of which vehicle we might choose as mechanism for obtaining the money.

The problem is, if you look at the rebate issue closely, you find that there is no money during that first year time frame for administration, so how do you ask an already overburdened WIC delivery system to increase their numbers of participants if, in fact, you do not have the moneys there to defray additional administrative costs that particular agency will incur?

However, we are exploring the issue. We do know that we are going to have to come up with some creative cost financing strategies to enable us to do that, because we want to capture that money.

To date, as I indicated, Dr. Heydinger has not made the decision, although we have prepared some preliminary data for his review.

Chairman LELAND. Thank you very much.

Dr. van Eck, it is often assumed in this country that when a person fails to eat properly it is because he or she does not make wise food choices when purchasing food.

Based on your experience, how often is it that your clients are poorly nourished because they lack nutrition education?

Ms. VAN ECK. I think when they are first enrolled in EFNEP, they really do not know how to manage. First of all, they do not understand values of foods and how the daily recommended servings should be provided by what they buy for the family, so that is one area of lack of knowledge. The other one is how to shop economically to provide suitable meals for the family all month long.

I believe it is tough for anybody to do that. I think that it's one of the things that EFNEP knows to do well and has shown can do, can help. But it is slow work.

Chairman LELAND. How available is nutrition education through the Expanded Food and Nutrition Education Program throughout the State?

Ms. VAN ECK. It is now based only in 10 of the 55 counties.

Chairman LELAND. Ten?

Ms. VAN ECK. Ten of the 55 counties.

Chairman LELAND. Most of your clients are poor?

Ms. VAN ECK. Yes.

Chairman LELAND. What type of information programs or referral systems are available to help them gain access to Federal food assistance programs?

Ms. VAN ECK. In the counties where we are working, we work hard at informing every family that we recruit or even attempt to recruit during the year of other food programs that are available. That, the School Lunch Programs, the Food Stamp Program, all of the Federal assistance programs, the nutrition aides are trained in making those referrals.

Very often, we make referrals to the WIC Program, too, because sometimes, when she visits a home, the nutrition aide may be one of the first to know that there is a potential for someone in the family to be a WIC participant.

Chairman LELAND. During many select committee hearings we have received testimony that individuals residing in rural communities often find it difficult to gain access to fresh fruits and vegetables.

To what extent does this situation exist among your clients?

Ms. VAN ECK. Many of the families in the ten counties where we are based are living in company houses, often squeezed between a mountain and the road and the creek, and there is very little land there for them to be able to grow any food, even if they wanted to. Nor do they have access to farmers' markets where food can sometimes be purchased more inexpensively.

The best we can help them with is how to buy canned vegetables when they do get to the large supermarket where they can find these things maybe less expensively than they can at the "Mom and Pop" store down at the corner in the village.

We do try, even when there is limited land, to help folks grow "mini" gardens and raise a few tomatoes and perhaps some lettuce plants through the summer, to eat fresh even if they do not have the potential for growing an extensive garden.

Chairman LELAND. How prevalent among new clients are ailments associated with nutrition deficiencies, such as anemia, growth stunting, and obesity, those things that you talked about earlier?

Ms. VAN ECK. They suffer, as many of the clients in other programs that we have heard about today. The one area which I think the nutrition aide helps, because she has longer contact with the family, is being able to try to interest the family in fitness programs, even if just a walking program. We all know there is another side to the equation of what you eat and your health. It is how well you work off the food that you take in.

I think that lifestyles certainly, more healthy lifestyle is something that needs to be addressed, not only in our nutrition education programs with adults, but certainly in the school systems as well.

Chairman LELAND. Thank you.

The gentleman from West Virginia.

Mr. STAGGERS. Thank you, Mr. Chairman.

I have to compliment all three of you. I was in the State Senate when new federalism came down and a Federal official came to explain to the State Senators that we were going to receive less money, but we were going to still have the same restrictions, and how lucky we were.

I never figured it out then and I still have not figured it out, why we were so lucky. I think all of you have touched on funding. Obviously, that is a major problem.

One of the things that is in controversy in the welfare reform bill, and I address this, I guess, to Ms. Lipscomb. I want to compliment you on your leadership. Recently we have met and discussed the flexibility. Hopefully, we will be able to work on that.

We have Workfare in West Virginia. That is something that found its way into the Senate bill. The House has more of a flexible version, where you have more training and education as opposed to just having somebody sweep the floors as a punitive, almost, type of measure.

Once people are enrolled in the Food Stamp Training Program, how capable is the State economy of absorbing these persons into a meaningful job which affords them a decent wage right now, in West Virginia?

Ms. LIPSCOMB. We have been very fortunate to help our clients move from welfare to work. We have not been as successful as we would like because of our economy and the slow progress we have had over the past few years, but we are moving forward.

I think something that I would like to stress, though, is that our work and training programs are not makework programs. We are faced now, and I think all across the country, with the fact that many folks are going to have two or three different types of jobs in their lifetimes. When they do lose a job, they may need to be retrained. Some of our folks do not have the basic educational skills, so we are doing that kind of training as well as helping them to really enhance the skills that they have, if they are going back into the same type professions.

So there is not a lot of makework that is going on. We expose our clients to very good productive job opportunities and job training abilities. We have been very successful in moving the folks into employment opportunities.

Mr. STAGGERS. I mentioned flexibility earlier. Another problem that many legislators are faced with and we commonly hear, and we heard today, in fact, is that recipients of some of the nutrition programs, at the end of the month, are faced with decisions such as whether they should pay their utilities for heat or eat, a type of dilemma that some people are faced with.

Can you elaborate, and I know that you did not touch—well, you did touch on it in your testimony a little bit more in the meeting in my office. Could you elaborate more about some of the flexibility that you would suggest to improve the adequacy of the food stamp benefits, especially alleviating some of the food shortages which exist, to some of the participants?

Ms. LIPSCOMB. Well, we would like to see more flexibility in the programs that impact upon food stamps. For instance, we would hope that if one of our clients were going into training they would not have to expend moneys that might be used for purchase of foods to support their training activities, such as, day care, transportation, or whatever.

We are able to give them some moneys for transportation when they are taking training, but usually it is not enough. So we would hope that as we are assisting them to move on into independence,

that they would not have to take a step back in order to participate in some of these programs.

We are finding that the implementation of the programs, themselves, are often a hindrance to us. We would hope that our administrative costs could be cut through more simplification of the eligibility process and then, those moneys that are saved actually put into benefits, and those type things.

I mentioned to you earlier about our hope that we would be able to provide transitional benefits to folks. There has been discussion about the fact that folks have to spend moneys that they would purchase food with for utilities. You know, our LIEAP funds have been cut back with the rationale that there are Exxon and other fuel overcharges that would be available to States to use. That is just not the case.

We would hope that something would be done in terms of enhancement in those type programs so that our clients would not have to use their public assistant grants solely for heating in the winter months, and they could actually use those to supplement the food stamps that they receive.

Mr. STAGGERS. How can we write into law flexibility and also guarantee a minimum of benefits?

Ms. LIPSCOMB. I think we need accountabilities in all of our systems. I do not think that is what the States are saying. I am just saying that sometimes there is no common sense put into the system. For instance, I mentioned earlier the fact that between month 4 and month 6 or 12, when an employer picks up an employee and extends medical benefits, there is no assistance for that client at all.

It just stands to reason that something has to be done if we are actually going to be serious about moving people into the workforce. That is just sort of a common sense thing and it does not, I think, lend itself to less accountability. It just means that we are going to be able to do our job much better.

Mr. STAGGERS. Unfortunately, the accountability view from the other side is that we do not want anybody getting too much. I think, from a legislator's standpoint, the pressures that are faced, especially in a State like West Virginia, food stamps may be the first thing to go, or WIC, or whatever.

That is the problem, I think, the dilemma, we find ourselves in, is how do we give you flexibility to make those common sense decisions in West Virginia, and at the same time guarantee that those common decisions are made someplace else at a minimum level?

Ms. LIPSCOMB. I think if we are saying that too much flexibility will end up costing us too much money, all we need to do is make two columns. If the flexibility is going to cost us so much now, what will it cost us if we forego that in the future, in terms of additional medical costs for the low birthweight baby or for the mother who remains on public assistance because she refuses to have her family go without medical costs while she is trying to get a job?

So if you were to just stack it up that way and do a little simple arithmetic, I think we will find that a small investment now will pay off very much in the future.

Mr. STAGGERS. Representing 20 of West Virginia's 55 counties, one of the questions that constantly comes up to me is in the com-

modities. One county will say, "Well, my neighbor got these commodities," different commodities for different counties.

Can you explain the distribution of those, county by county? How are the decisions made?

Ms. LIPSCOMB. Well, we try to evenly distribute the varieties of commodities as they come in to us. Sometimes it is not the same because we do not receive them in the same amounts and quantities.

We try to make sure if we have a distribution, that all those persons coming to the site will have the same opportunity to receive the same types of commodities. Therefore, there may be a location this month that receives a commodity that our distribution site last month did not have because of the availabilities and the shipments that we receive from the Federal Government.

I would say I think that TEFAP has really been great for West Virginia and I would hope that there is some way to continue that program. There have been families that have, although I know there is emergency in the title, but there are families that have taken this program to be a necessary supplement to their monthly food requirements. We would not like to see that taken away.

Mr. STAGGERS. Getting back to my original point, there are a lot of people in Fayette County that will go for the commodities and there are very little or they run out, or whatever, and they see the people, in this town especially, because the two counties, the county line splits the town, and Kanawha County is a whole different atmosphere. They at least perceive that the grass is a lot greener on the Kanawha County side.

Ms. LIPSCOMB. I do not believe that is true, Congressman. Like I said, there may be times when maybe a foodstuff such as butter that has a very short life, that may not be available in each one of our distribution sites every month around the year.

But by and large, we make certain that all of the varieties are in place and we even will hold off a week or two until a new shipment comes in so that we can provide that to the folks.

Mr. STAGGERS. So if there is a problem, it is a glitch, some sort of abnormal outcome?

Ms. LIPSCOMB. Yes.

Mr. STAGGERS. I particularly want to compliment Dr. van Eck. The Extension Service is very important, as we go through this budget battle every year, I have people, even on the Agriculture Committee, talk about, "Well, we do not need garden clubs for ladies in urban cities." I do not believe they really know, and it is an education process even with legislators, how much good you all do.

Forums like this, hopefully, will make a difference. I appreciate what the Extension does. You know, 4-H is obviously something that I am aware of, but I think that we have this perception of what the Extension is and too often, I do not really believe that members or the populace as a whole know that this is part of an Extension Program.

You mentioned you have ten counties and that it is where the greatest need is.

How do you determine which counties have the highest level of need for nutrition education?

Ms. VAN ECK. We took a look at the numbers of young families that were with children under 18 who were needy families, from the census. We also looked at the numbers of school districts which had the highest numbers of children who qualified for reduced price lunches or free lunches. And we also relied somewhat on our county staff to tell us how conditions were in locations that we felt we needed to target.

At this point, I think we need to review again where we should be most efficiently placed. That is something we will be doing within the next few months.

Mr. STAGGERS. So very little subjective decisions, mostly objective?

Ms. VAN ECK. Yes.

Mr. STAGGERS. Ms. Moss, I agree with you. One of the solutions would be more money, but in this atmosphere, both in Washington and Charleston, that is not the easiest thing to accomplish.

What changes in the WIC funding mechanisms might help besides more money?

Ms. Moss. I think the pursuit of the infant formula rebate, which is available to us. That will help, because that will translate into food dollars which, consequently, will translate into benefits for women, infants and children in the State. That is the most obvious and the one piece that we probably will implement quickly.

Secondary piece would be that we are looking at the program itself, and the actual delivery of the service. Specific to that, at this time the way that WIC services are rendered is that we use a registered dietitian or otherwise a person that would be considered as a competent professional authority. CPA is the acronym. That individual is generally extremely well educated and able to interact with our participant.

But what that means is that every participant has benefit of that competent professional authority's time, which may not be the most expeditious use of our manpower and resources.

What we hope to do is to look at what is being done in the Extension Service, of using paraprofessional people to do some of our educational services to this population, some of the outreach to the population and some of the paperwork that is required for actual administration of the program, to free up our most skilled professional people and to use them for the costly interventions that are required by a diabetic pregnant woman, by a child that is at risk because of nutritional and medical considerations.

So that change, in itself, will make a difference in terms of the amount of administrative money that is required for the program, by maximizing manpower resources.

Mr. STAGGERS. I mentioned this earlier. The Surgeon General has stated that the goal is that by 1990, 90 percent of all pregnant women have some sort of prenatal care during the first 3 months of pregnancy.

Obviously, West Virginia is not going to be able to meet that.

Can you tell us briefly why?

Ms. Moss. Why that is?

Mr. STAGGERS. Why?

Ms. Moss. One of the reasons that we will have trouble attaining that goal, although it is applaudable and we should be working in

that direction, is that one, we have a manpower problem, in terms of the health delivery system itself.

We still have counties in our State, like Hampshire County, where we have a small rural hospital but that facility cannot provide delivery services. Therefore, you have no OB or family practice doctor who provides obstetrical services, which means the women must migrate to Winchester, VA, which is about an hour away.

So you still have areas where there simply are no resources for the provision of services, which brings back into consideration the issue of transportation of the patient to another county or, perhaps even, in the instance I mentioned, out of State.

Also, we are finding that the present malpractice climate in the State of West Virginia, whether it is real or whether it is imagined, it is a perception that exists, that the large number of indigent clients we have in the State are more apt to sue or to bring legal action.

As a result of that, our physicians are somewhat reluctant to take care of the medically indigent, and more specifically, the medically indigent OB population.

So that is a consideration and something that must be reckoned with, in terms of that perception and something that will assuage the physicians' concern to bring them back into the health care arena.

I would say to you those are the major barriers, you know, because, as I said, the first piece reflects the same issue that the other people have talked about specific to transportation.

A year ago, I would have said to you that it was a matter of health care cost financing. But because of the strategies and the expansions that have been underway in working with Medicaid, now, more than ever, we have an opportunity for low-income persons, that being pregnant women and young children, to be enrolled in the Medicaid system. They now have a vehicle for that health care cost financing.

So I think to a degree we are over the financial hurdle that we were facing last year. Now it is the other two issues that would be the predominant barriers at this time.

Mr. STAGGERS. Well, with the malpractice, I will put in a plug. The chairman has done this a couple of times with his other committees.

We just passed out of subcommittee a limited repeal of an exemption the insurance companies have enjoyed for 40 years that no other industry in the United States has enjoyed, so hopefully, those rates will come down. They will not come down immediately, but hopefully, we are moving in the right direction with that.

With that, let us say that some sort of product liability or the repeal of *McCarren/Ferguson*, or something happens with malpractice, you talked about the small hospitals, and just the availability of health care and transportation are always going to be a problem.

I do not know where we are going to come up with the money to build the roads to help Hampshire County, Fayette County, Preston County or a whole number of counties that have transportation problems. And small hospitals are disappearing, especially under some of the HCFA regulations.

So what is the State going to do? What are the State's priorities and is this going to eventually become something not only for West Virginia, but for a lot of rural States, that we in the Federal Government should be looking at?

Ms. Moss. All right. Your question, I think, is twofold. One, specific to the access issue, yes, you are right, we will always have problems in the State of West Virginia. We are hopeful, however, that if something can be done to address the issue of malpractice that you have just alluded to, that, in fact, perhaps the physician community will be more willing to work with public health.

Two, if we can, and we have in this past year, raise the rates of reimbursement under our Government sponsored health delivery systems so that the physician, although he does not necessarily make money, he at least does not incur additional costs by taking care of our client population.

So a couple of positive things have occurred. In the Department of Health, we are looking at what we are calling a local access project, or LAP. We are using Robert Wood Johnson moneys, the idea being that if there is a nurse in a county who would be interested in furthering her education to become a nurse practitioner or a nurse midwife, we would have moneys available to send that individual into a school system where she can receive training.

If she or he will make a commitment to us to remain in West Virginia, then that will, in part, address some of the manpower concerns that we mentioned earlier. So we do have, in fact, some strategies in place in addition to the things that we have presently done.

I do feel, and it is my personal opinion from traveling throughout the State, our rural hospitals are in trouble, many of them. It is not feasible for a hospital like Hampshire Memorial to operate an OB service simply because the number of deliveries that occur in that county is less than, I would say to you between 100 and 117 a year. So it would not be economically feasible.

But, if we do negotiate and are able to hand with the out-of-state providers, we can arrange for access for the clients to migrate into another system, because we have done that in the past. The only reason we have encountered problems is the fact that sometimes we have had difficulty keeping the money flowing. Sometimes we have had problems with the patient not being able to obtain sufficient dollars for her to put gas in the car and that kind of thing, and we have been calling on the March of Dimes and other agencies to meet client needs. So we are rallying our resources to make services available in those areas that we have identified as hot spots.

Mr. STAGGERS. When you mention nurses, I assume that what you are talking about is some sort of care within the first 3 months.

My question would be, is that just limited to nurses or are you looking at physician assistants or any of the other health care people?

Ms. Moss. The idea behind LAP was that we would use the opportunity for the special grant moneys to defray the cost of school-

ing for a nurse, the idea being that she would have some credibility within her home community, would be schooled and come back.

We have already forged relationships with our medical schools so that they will provide an opportunity for medical providers in that county to become adjutant faculty to the medical school so that physician can allow that nurse midwife or nurse practitioner to practice under his or her auspices and at least do the prenatal care. The client may have to migrate out at time of delivery, but she would have local access to her much needed prenatal care early in the course of her pregnancy.

Mr. STAGGERS. So there are no programs that would—Barbour County is in my district, with Alderson-Broaddus College.

Ms. MOSS. Yes.

Mr. STAGGERS. Alderson-Broaddus has one of the most successful physician assistant programs in the Nation, but there is no program, from what I understood you to say, that this is a special program for just nurses?

Ms. MOSS. Brand new, for nurses. It is brand new.

Mr. STAGGERS. Is the State looking to programs that would encompass the physician assistants also, or any other health care person?

Ms. MOSS. We have looked at that. Basically, what we are thinking is that if we could use nurse practitioners or physicians' assistants, we could maximize their ability to serve a broader population, as opposed to using just a nurse midwife who would be somewhat more specialized in terms of the population that he or she would serve.

So we are looking at that. The project is brand new. We have only just received notification, Congressman, that we are receiving the money from Robert Wood Johnson, and that is how we intend to implement this program and we are, in fact recruiting right now for someone to spearhead this effort.

Mr. STAGGERS. I want to say good luck to all three of you and I want to thank you for coming. I think it is notable that we went right through lunch. I think I hear the chairman's stomach growling. This being a hunger hearing, I think that is very appropriate.

Chairman LELAND. Well, we missed breakfast and lunch. That is all right.

Let me say, in my closing remarks, that I truly appreciate your testimony, as well as all the rest of the witnesses that we have had.

I also want to say that I really appreciate particularly the local elected officials coming, as I do the folks who have just served as an audience here, the citizens of West Virginia who are auditing this committee hearing in order to learn more about what we do in Congress, as well as being very attentive to the issue we are focusing on today.

We in the Congress, particularly those of us on the Select Committee on Hunger, want to do as much as we can to eliminate the problems of hunger and malnutrition not only in West Virginia, but in this country, as well as in other parts of the world. We try to do as much as we can to provide the impetus, with information, for the Congress to move in the direction of doing things that will help to solve the problems of human suffering.

I am particularly appreciative of my colleague, Harley Staggers, for inviting me here. I had the privilege of serving under his father when he was chairman of the Energy and Commerce Committee.

For Harley to join the Select Committee on Hunger is a very special thing for me because his father and I were famous friends, I might add.

I am happy to be here in West Virginia. This is the second time. The other time was when I was at the Greenbrier for the Democratic Congressional Retreat that we had. I like this place. It is beautiful country. The people have been very warm and compassionate to us.

We have been allowed to go into three different homes and to visit with three different families, people who live under adverse circumstances, and that is a special privilege for us.

We hope that we can do some good through what we have gathered here. We know that we have not gotten all of the information, and not necessarily all of the sides from the people here on the issues confronting us, but this has given us, at least, a cursory involvement with the people of West Virginia and I know that it will be invaluable for us in future considerations for what we do in Congress.

Thank you so very much, and with that, I do now adjourn this committee hearing.

Thank you very much.

[Whereupon, at 1:30 p.m. the hearing was adjourned.]

[Material submitted for inclusion in the record follows:]

Prepared Statement of Hon. Mickey Leland, a Representative in Congress From the State of Texas

GOOD MORNING. ON BEHALF OF THE SELECT COMMITTEE ON HUNGER, I WOULD LIKE TO THANK CONGRESSMAN STAGGERS FOR INVITING US TO WEST VIRGINIA TO EXAMINE THE EFFECTIVENESS OF FEDERAL FOOD ASSISTANCE PROGRAMS IN COMBATTING HUNGER IN THE STATE. YOU CAN BE ASSURED THAT YOUR CONGRESSMAN IS AN ACTIVE, CARING MEMBER OF THE HUNGER COMMITTEE AS WELL AS THE AGRICULTURE COMMITTEE WHICH HAS JURISDICTION OVER MANY OF THE PROGRAMS WE WILL BE DISCUSSING TODAY. I WOULD ALSO LIKE TO THANK ALL OF YOU FOR TAKING THE TIME TO JOIN US THIS MORNING. LET ME NOTE HERE THAT SEVERAL OTHER MEMBERS OF THE COMMITTEE WERE SCHEDULED TO JOIN US TODAY, BUT WERE UNAVOIDABLE DETAINED BECAUSE OF CONGRESSIONAL DUTIES IN THEIR OWN DISTRICTS.

MORE THAN TWO DECADES AGO A FOCUS ON POVERTY AND HUNGER IN THIS COUNTRY TRANSFORMED WEST VIRGINIA. ONCE RECOGNIZED AS A PRISTINE LAND, ABUNDANT IN NATURAL RESOURCES. WEST VIRGINIA IS NOW EXPERIENCING RAMPANT POVERTY AND HUNGER. THE PLIGHT OF THE POOR IN WEST VIRGINIA AND OTHER APPALACHIAN AREAS HELPED TO IGNITE THE DEVELOPMENT AND IMPLEMENTATION OF AN EXPANSIVE PUBLIC ASSISTANCE NETWORK TO AID THE POOR IN SECURING A DECENT STANDARD OF LIVING. HOWEVER, WHILE MUCH CAN BE SAID ABOUT THE EXPANSION OF GOVERNMENT PROGRAMS AND SERVICES AVAILABLE TO HELP THE POOR, THE EXISTENCE OF THESE PROGRAMS IS INCONSEQUENTIAL IF PEOPLE IN NEED CANNOT GET THE BENEFITS THEY ARE ELIGIBLE TO RECEIVE.

IN PREPARING FOR THIS HEARING, I TOOK A LONG HARD LOOK AT THE COMMITTEE'S RESEARCH ON RURAL POVERTY. WHAT I FOUND WAS BOTH DISTRESSING AND ALARMING. SINCE 1978, THE POVERTY RATE IN RURAL AREAS HAS INCREASED BY ONE-THIRD -- FROM 13.5 PERCENT TO 18.1 PERCENT IN 1986. OF THE 32 MILLION AMERICANS IN POVERTY IN 1986, 9.7 MILLION LIVED IN RURAL AREAS. WEST VIRGINIA TYPIFIES THIS POVERTY. THE STATE SUFFERS A POVERTY RATE OF 22.3 PERCENT. THIS MEANS THAT ONE IN EVERY FIVE PERSONS LIVES IN POVERTY. OVER 77,000 PERSONS ARE UNEMPLOYED, YET, ONLY 27 PERCENT HAVE UNEMPLOYMENT COVERAGE. OF THE 432,000 PERSONS IN POVERTY, ONLY 114,000 RECEIVE BENEFITS FROM THE AID TO FAMILIES WITH DEPENDENT CHILDREN PROGRAM, AND ONLY 269,000 PARTICIPATE IN THE FOOD STAMP PROGRAM. THE MAXIMUM AFDC PROGRAM MONTHLY BENEFIT FOR A FAMILY OF THREE TOTALS $249, AN AMOUNT WHICH IS ONLY 33 PERCENT OF THE 1987 POVERTY THRESHOLD.

WE HAVE HEARD FROM MOTHERS IN WEST VIRGINIA THAT THEY WOULD NOT BE ABLE TO ADEQUATELY FEED THEIR FAMILIES IF THEY DIDN'T HAVE THEIR GARDENS. WE HAVE BEEN TOLD THAT THE HIGH COST OF UTILITIES CONSUMES ANY MONEY FAMILIES MIGHT HAVE BEEN ABLE TO USE TO SUPPLEMENT THEIR FOOD STAMP BENEFITS. I AM GRAVELY CONCERNED ABOUT THIS SITUATION.

FOR MANY RESIDENTS OF THIS STATE, THE OUTLOOK FOR PROSPERITY IN THE NEAR FUTURE IS DISMAL. MOST FAMILIES DON'T EVEN THINK ABOUT HOW THINGS LOOK DOWN THE ROAD BECAUSE THEY ARE EXHAUSTING EVERY THREAD OF ENERGY CONFRONTING THE DAY-TO-DAY STRUGGLES OF MAKING ENDS MEET. BUT WEST VIRGINIANS ARE A PROUD PEOPLE AND THEY WILL STRETCH THEMSELVES TO THE FARTHEST LIMITS TO SURVIVE.

TODAY WE WILL HEAR FROM PRIVATE CITIZENS, PROGRAM ADMINISTRATORS AND EMERGENCY AID PROVIDERS ABOUT THE IMPACT OF POVERTY AND HUNGER ON LOW-INCOME WEST VIRGINIAN FAMILIES. I LOOK FORWARD TO TODAY'S TESTIMONY AND THE RECOMMENDATIONS WE WILL RECEIVE ON HOW WE CAN HELP TO ALLEVIATE THESE TRAGIC CONDITIONS.

Prepared Statement of Hon. Bill Emerson, a Representative in Congress From the State of Missouri

IT IS ENCOURAGING THAT THE SELECT COMMITTEE ON HUNGER IS TAKING THIS FIELD HEARING TO WEST VIRGINIA. TODAY WE ARE GOING TO INVESTIGATE THE CAUSES AND POSSIBLE SOLUTIONS TO THE PROBLEMS FACING CENTRAL APPALACHIA.

I KNOW THAT SEVERAL OF OUR WITNESSESS AND OTHERS FROM THEIR COMMUNITIES HAVE MADE A SPECIAL EFFORT TO BE HERE FROM A RELATIVELY LONG DISTANCE. I WANT YOU TO KNOW HOW MUCH ALL OF US APPRECIATE YOUR COMING TO SHARE NOT ONLY YOUR WISDOM BUT YOUR OWN PERSONAL EXPERIENCES.

WHILE WE ARE INTERESTED IN HEARING THE VIEWS OF ALL OF THE WITNESSES ON FOOD ASSISTANCE PROGRAMS, I URGE EACH OF YOU THAT ARE TESTIFYING TO ELBORATE ON WHAT ELSE CAN BE DONE IN THIS AREA. NOT ONLY DO WE INTEND TO LISTEN CAREFULLY TO WHAT YOU HAVE TO SAY, BUT WE ALSO HOPE THAT TODAY'S HEARING WILL PROVIDE ADDED IMPETUS TO THE CONGRESS IN TAKING POSITIVE STEPS TOWARD ALLEVIATING BARRIERS IN FOOD ASSISTANCE PROGRAMS.

Prepared Statement of Hon. Robert E. Wise, Jr., a Representative in Congress From the State of West Virginia

MR. CHAIRMAN, Thank you for the opportunity to submit a statement before the Select Committee on Hunger's field hearing on the progress of the food programs in Appalachia.

I would like to thank the Chariman for the genuine interest he has taken in the hunger problems affecting the Appalachian region. The considerable time and effort the Chairman and his staff have devoted to making this hearing successful is greatly appreciated. I commend the efforts of my colleague from West Virginia, Mr. Staggers. He has worked faithfully to help bring an end to hunger in West Virginia. From his position on the Select Committee, he will be able to nationally bring to light the problems that are particular to our region, as well as begin to develop some national solutions.

The subject of today's hearing is one that we as citizens and legislations of the region have been acutely aware of for a long time. I, therefore, find it especially encouraging that someone from outside the region has taken such an interest in the problem as well.

As President Kennedy traveled through the region in the 1960's he was greatly affected by the poverty he saw in these mountains. The programs he initiated have truly helped many people, but as I believe will be communicated by many of our witnesses today -- these programs are simply not enough. Insufficient funds, inflexible regulation, inflexible hours, lack of transportation, as well as gaps in the services available, make it impossible for the existing programs to reach all those eligible.

I applaud the countless hours that public officials and private citizens have committed to providing sufficient nourishment to every person, but despite their efforts, many still do not have enough to eat at the end of the month. Ours is not a problem of severe starvation, rather it is one of inadequate food and nutrition. The lack of an education component to the assistance programs, coupled with the high price of fruits and vegetables, contribute to the unhealthly high weights of those receiving benefits.

If we are to remedy the situation we must do several things. First, we must put our State back on its feet again in order to provide more jobs and economic security. Secondly, we must expand both the number served and the nutrition education component of those programs, such as WIC, which have proven effective. Thirdly, we must promote greater flexibility both in programs and in access to them. And lastly, we must encourage increased interagency coordination.

I am very interested to hear the testimonies and the suggestions made by the witnesses. I look forward to working with my colleagues on a national level to see that hunger and poor nutrition are erradicated.

Again, I thank the Chairman for his leadership and for the opportunity to address the Select Committee.

Fact Sheets on West Virginia: Demographic and Federal Food Assistance Program Utilization

Select Committee on Hunger

BACKGROUND INFORMATION

Today, West Virginia still endures the poverty which breeds hunger.

*One in every five person in the state lives in poverty.

*The poverty rate is 22.3 percent. (The national average is 13.6).

*Of 77,551 unemployed, only 27 percent have unemployment coverage.

*Of 432,000 persons in poverty, only 114,552 (or less than one-third) receive AFDC benefits, although West Virginia is one of 26 states providing AFDC to two-parent families.

There are poor rural Applachian counties in 13 states but the entire state of West Virginia is in this region which continues to be plagued by poverty and hunger.

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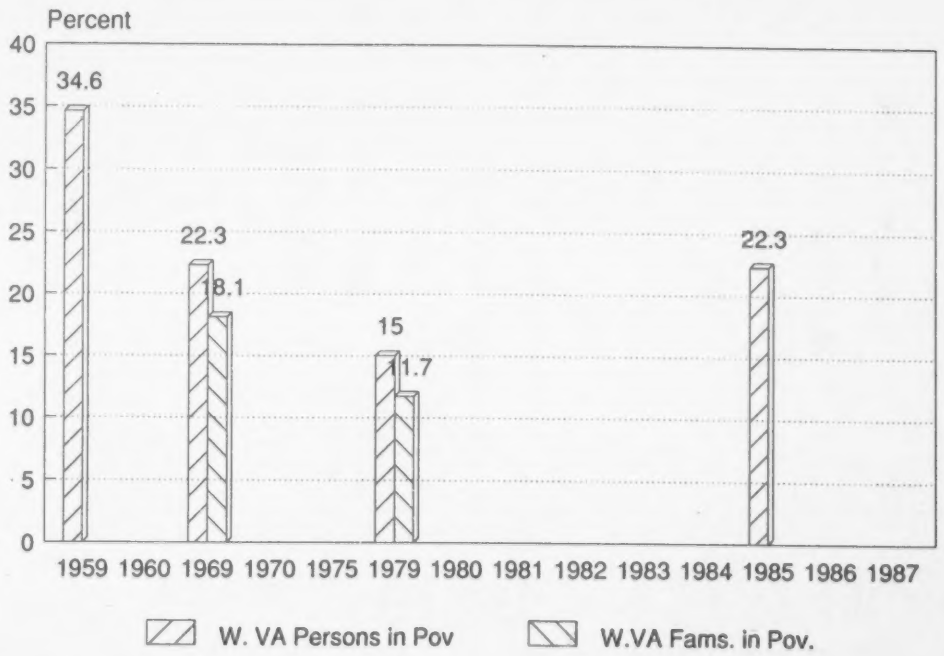
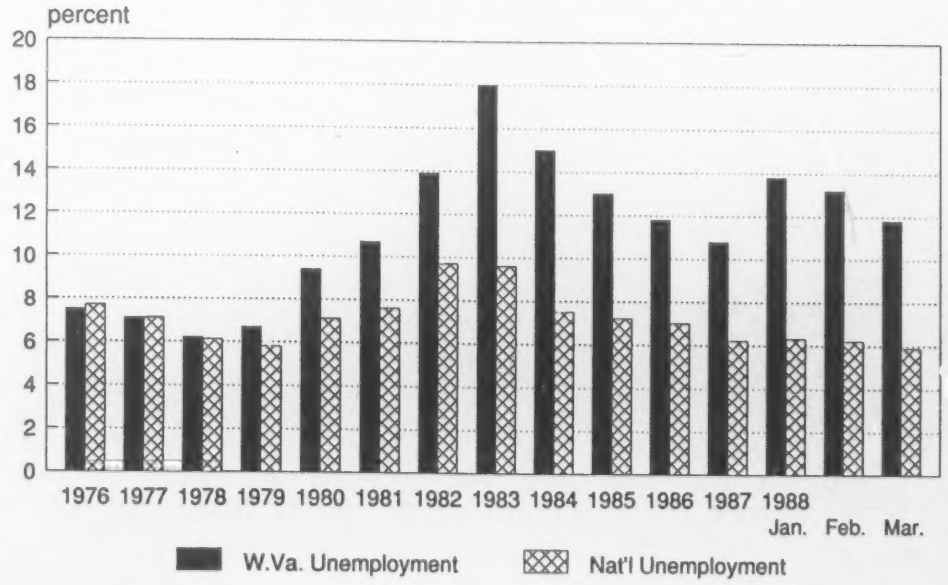
(Photo by Earl Dotter, courtesy of the American Labor Education Center)

West Virginia Poverty Data



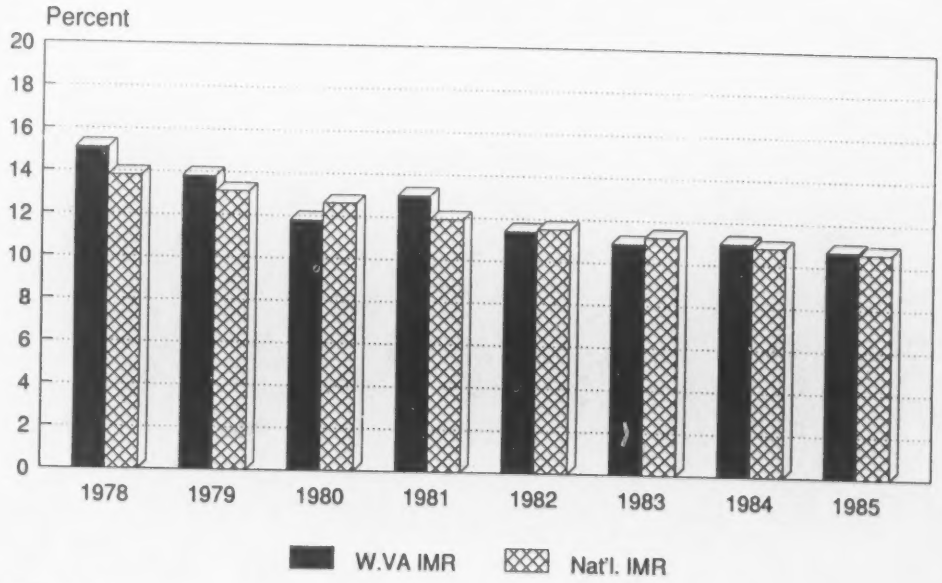
Source: U.S. Department of Commerce
*1985 data from University of Wisconsin
Institute for Research on Poverty

National Unemployment Rate Compared to the W. VA Unemployment Rate 1976 to Present



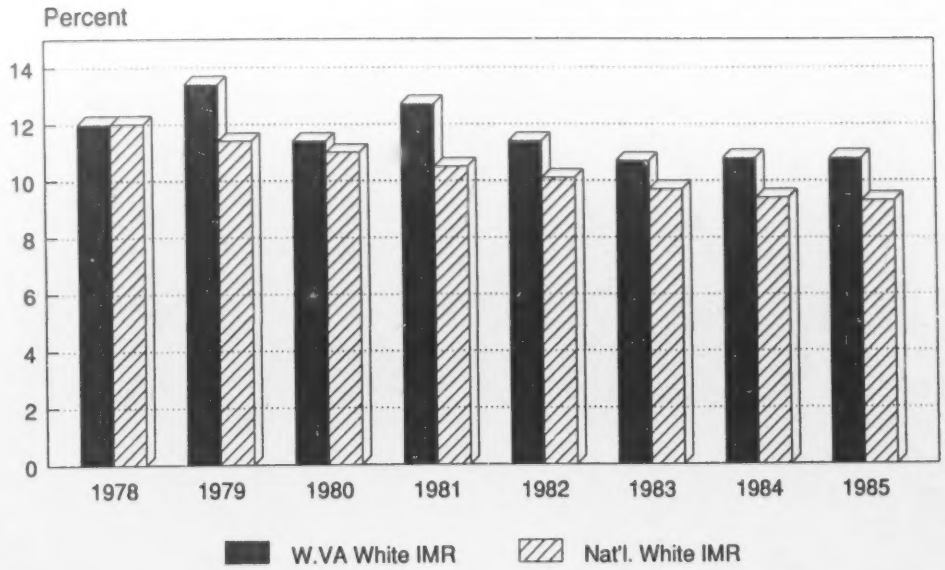
Select Committee on Hunger, unpublished data from the Department of Labor

Comparison of West Virginia's Infant Mortality Rate to the National Rate 1978 to 1985



Source: National Center for Health Statistics; and the Children's Defense Fund

West Virginia's White Infant Mortality Rates Compared to National Rates 1978 to 1985



Source: Select Committee on Hunger; National Center for Health Statistics; and the Children's Defense Fund

WEST VIRGINIA FOOD PROGRAM PARTICIPATION

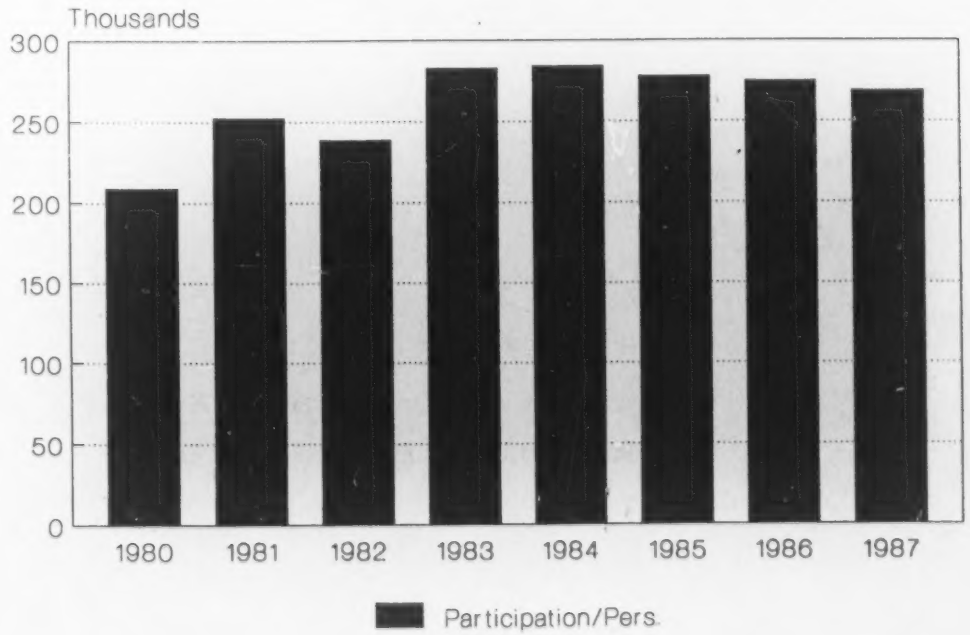
THE FOOD STAMP PROGRAM

FISCAL YEARS

	1980	1981	1982	1983	1984	1985	1986	1987
PARTICIPATION	208,815	252,417	238,667	282,822	284,256	277,971	275,068	268,934
AVG. BENEFIT/PERSON	$34.59	$40.24	$39.49	$42.95	$44.54	$47.76	$47.37	$48.15

West Virginia Food Program

The Food Stamp Program



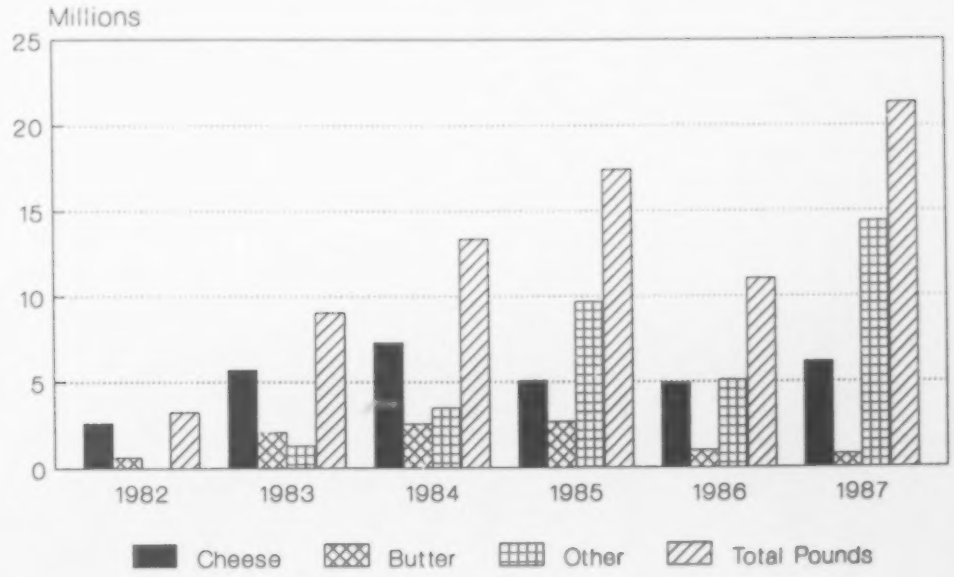
WEST VIRGINIA FOOD PROGRAM PARTICIPATION

TEMPORARY EMERGENCY FOOD ASSISTANCE PROGRAM (TITLE II)

FISCAL YEARS

POUNDS (TITLE II)	1980	1981	1982	1983	1984	1985	1986	1987
CHEESE	no program	no program	2,618,640	5,667,600	7,272,668	5,059,200	4,947,600	6,138,000
BUTTER			614,400	2,074,248	2,573,424	2,677,393	998,712	768,240
OTHER			0	1,281,120	3,486,912	9,665,480	5,079,112	14,390,400
TOTAL POUNDS			3,233,040	9,022,968	13,333,004	17,402,072	11,025,424	21,296,640

West Virginia Food Program Participation
The Temporary Emergency Food Assistance Program (TEFAP)



Select Committee on Hunger and USDA unpublished data

WEST VIRGINIA FOOD PROGRAM PARTICIPATION

NATIONAL SCHOOL LUNCH PROGRAM

FISCAL YEARS

	1980	1981	1982	1983	1984	1985	1986	1987
AVG. DAILY LUNCHES	235,044	232,482	211,033	204,964	222,139	203,496	200,571	202,590
LUNCHES SERVED								
FREE	16,497,311	16,857,122	15,152,680	17,947,802	17,908,246	17,044,718	17,014,509	16,821,981
REDUCED	4,033,822	3,825,958	2,990,790	2,550,025	2,221,534	2,349,331	2,303,232	2,320,260
PAID	21,758,675	21,345,489	18,202,618	16,860,737	16,137,558	16,373,801	16,553,703	16,623,833
TOTAL	42,289,808	42,028,569	36,346,088	37,358,564	35,767,850	35,767,850	36,871,444	35,766,074*

WEST VIRGINIA FOOD PROGRAM PARTICIPATION

SCHOOL BREAKFAST PROGRAM

FISCAL YEARS

	1980	1981	1982	1983	1984	1985	1986	1987
AVERAGE DAILY BREAKFASTS	53,470	56,652	72,086	76,141	81,377	78,141	76,566	76,525
BREAKFASTS SERVED FREE	6,197,109	6,818,274	8,527,456	10,577,251	10,216,633	9,885,320	9,944,415	9,990,390
REDUCED	943,094	1,273,296	761,856	651,241	640,603	668,516	650,619	687,445
PAID	2,568,838	2,206,260	3,155,502	2,422,240	2,965,763	3,762,260	3,031,063	3,172,445
TOTAL	9,709,041	10,297,830	12,444,814	13,614,732	13,822,999	14,316,096	13,626,097	13,850,280

WEST VIRGINIA FOOD PROGRAM PARTICIPATION

CHILD CARE FOOD PROGRAM

FISCAL YEARS

	1980	1981	1982	1983	1984	1985	1986	1987
MEALS SERVED-CENTERS								
FREE	904,067	965,319	978,075	1,140,936	1,147,115	1,198,445	1,261,981	1,267,891
REDUCED	408,888	652,963	271,097	153,081	149,750	158,130	138,639	142,854
PAID	508,392	290,734	716,321	935,820	1,095,605	1,221,843	1,313,068	1,432,749
TOTAL	1,820,847	1,909,016	1,965,493	2,229,837	2,392,470	2,578,418	2,713,688	2,843,494
MEALS SERVED-HOMES	830,751	1,129,140	643,098	1,067,437	1,340,079	1,515,453	1,476,709	1,485,510
MEALS SERVED-TOTAL	2,651,598	3,038,156	2,608,591	3,297,274	3,732,549	4,093,871	4,190,397	4,329,004

WEST VIRGINIA FOOD PROGRAM PARTICIPATION

SUMMER FOOD SERVICE PROGRAM FOR CHILDREN

FISCAL YEARS

	1980	1981	1982	1983	1984	1985	1986	1987
TOTAL MEALS SERVED	565,805	515,571	410,215	440,872	448,717	387,842	367,245	367,715
TOTAL COST	$597,453	$714,496	$573,385	$607,467	$583,686	$543,558	$545,474	$580,213

WEST VIRGINIA FOOD PROGRAM PARTICIPATION
SPECIAL SUPPLEMENT FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (W,I,C)
FISCAL YEARS

Participation	1980	1981	1982	1983	1984	1985	1986	1987
WOMEN	3,149	3,549	3,458	4,012	4,150	4,481	4,713	4,821
INFANTS	3,579	4,292	4,444	5,754	6,491	7,127	7,487	8,045
CHILDREN	10,798	12,840	13,119	15,339	15,257	15,637	16,689	16,506
TOTAL	17,526	20,681	21,022	25,107	25,899	27,245	28,889	29,372
AVE. FOOD COST PER PERSON	$28.60	$29.21	$28.75	$29.33	$30.45	$30.99	$30.93	$31.93

WEST VIRGINIA FOOD PROGRAM PARTICIPATION

ELDERLY FEEDING PROGRAM (TITLES III AND IV)

FISCAL YEARS

	1980	1981	1982	1983	1984	1985	1986	1987
MEALS SERVED	1,325,862	1,518,219	1,584,392	1,727,234	1,971,124	2.021,889	1,963,690	2,120,155
TOTAL COST*	$570,119	$717,356	$815,960	$937,024	$1,113,683	$1,142,622	$1,138,900	$1247,590

* Includes all meal reimbursements and bonus food costs

PREPARED STATEMENT OF MILTON OGLE, DIRECTOR, APPALACHIAN RESEARCH AND DEFENSE FUND, INC., CHARLESTON, WV

The last 38 years of the economic history of West Virginia can be summarized as a 25-year downturn interrupted by a mild upswing in the late 1970s, and returning to its downward course throughout the 1980s. The State is near bankruptcy and cannot pay its bills. There has been an exodus of people interrupted only slightly by moderate and short-term increases in coal employment. The leaders of our State still have not found a way to tax the giant corporations that own most of the State's wealth, as in Mingo County, where 93% of the land is owned fee simple by corporations based elsewhere. Following the 1977 flood, when then-governor now West Virginia U. S. Senator Jay Rockefeller, tried to obtain land for housing from the COTIGA land company, the officials would not return his phone calls. The company owned land above the flood plain that was suitable for housing.

The State has fairly consistently lost population over the last 35 years. McDowell and some other southern counties have lost more than half their populations since 1950. McDowell went from more than 100,000 population in 1950 to less than 50,000 population in 1970. The 1980s have brought a new wave of out migration.

The people of West Virginia are primarily forward looking people who are progressive and seem to have good judgment but some how, some way, we have selected leaders who refuse to allocate a

fair and equitable share of the State's resources to the public good. The absentee holders of wealth display an arrogance based on power that causes our State leaders to crumble and turn to mush. At the same time, one-fourth of West Virginia's population lives in poverty. Thus, the burden of paying for public services falls disproportionately on low and moderate income people.

In 1967 and 1968 I served on the Citizens' Board of Inquiry into Hunger and Malnutrition in the United States. We conducted hearings across the country, listening to statistics about food programs, commodities and food stamps. We listened as bureaucrats and public officials, doctors and social workers, gave statistics and observations about the extent of hunger in America; but, mainly we listened to hungry people, and there were many. We held public hearings in such places as Columbia, South Carolina; Birmingham, Alabama; Hazard, Kentucky; and San Antonio, Texas. People spoke of severe hunger.

Programs to alleviate hunger were controlled by state and local governments. There were no uniform food stamp guidelines, a situation which resulted in great disparity between one state and another. Local governments had a choice as to whether there would be a food program at all, since the U. S. Department of Agriculture would not exercise its authority to go in and operate the programs themselves.

In some states and/or counties there were food stamps, in others, commodities, and in a very large number of counties there was no food program at all. The Citizens' Board of Inquiry

designated 257 counties as hunger counties where there were extremely limited or no food programs, and where severe hunger and malnutrition affected large numbers of people.

In states like West Virginia where food stamps were available, families with little or no income were punished by the purchase requirement. In order to receive food stamps each family had to buy them. For example, a family of four might be entitled to $60 worth of stamps for which the family would pay $20. It seemed like a fair deal except for families that had no money. Many families in West Virginia and across the nation with no money could not get free stamps because they had no money and there was a purchase price for the stamps.

The purchase requirement created a great potential for abuse by administrators as indicated by testimony given at Hazard, Kentucky, in August of 1967. In Hazard, Kentucky, we were told about one administrator who had made a determination of ineligibility because the participant had borrowed money to buy stamps:

Q. The $25 is all the income that comes into the house for these people? [six] Are you on food stamps?

A. No, I'm not on food stamps.

Q. Have you tried to get on food stamps?

A. Well, I have been on them but I went down there to sign up and had to take a receipt where I got the money and...she vilified me so...

Q. She did what?

A. She vilified me and run me down. And she said she couldn't carry me no longer on the receipt that I took the money in, that I borrowed the money. And she told me she couldn't carry me no longer.

Q. In other words she was saying that you couldn't borrow money to buy food stamps?

A. Yeah, and my neighbors was going to git fired loaning me money with me not paying it back.

The food programs of the 1960s and 1970s and to a great extent today, contain a large dose of blame the victim mentality. The purchase requirement, the requirement that people hunt for work where there is no work, the brief certification periods, can be viewed only as punishment, to allay the fears and suspicions of people who must uphold the notion that there's no such thing as a free lunch.

In 1972 a food stamp law was passed that required the use of national uniform income guidelines and uniform standards for deciding what parts of a family's income would be counted in determining the food stamp purchase requirement. No longer could states thwart the intent of the food stamp program by setting maximum income standards that were extremely low, thus effectively eliminating everyone except the extremely poor, many of whom were already excluded by the purchase requirement. The food stamp program, for the first time, became a truly federal program. For the first time citizens were entitled to a fair hearing when actions regarding their right to food stamps adversely affected them. In West Virginia several hundred low income people

participated in training in order that they could understand their right under the new food stamp law and the obligation of the state agency.

The purchase requirement remained, however, and continued as a serious impediment for those whose need was the greatest. For example, in 1967

> The Civil Rights Commission reported that at its State Advisory Committee meeting in Jackson, Mississippi, "The Negroes were almost unanimously of the opinion that they do not want the Food Stamp Program, and essentially their reason was that they did not think that they could afford it." We believe that the primary cause of this reaction was the fact that wherever a stamp program succeeded a commodity program many recipients were eliminated.

In the late 1970s the purchase requirement was finally removed and people with no income could receive food stamp benefits.

The problems that I have pointed out, namely, the purchase requirement, the seek work requirement, the fact that families with no income receive, at best, 75% of the stamps needed, all originate with the notion that low income people are dead beats, lazy and shiftless people. This is not true. In West Virginia a family receiving food stamps is likely to be headed by a coal miner with a 20 or 40 year work history with skills that only fit coal mining who was laid off when the mine shut down, or a female-headed household whose husband was killed in a slate fall. They should be

treated with compassion and respect. Justice and equity require no less.

After having enumerated several problems that have hampered the food stamp program over the years, I categorically state my observation that food programs work. Food stamps alleviate severe hunger and severe malnutrition. The WIC program works in decreasing the incidence of low birth weight babies. Headstart works both in aiding the nutritional status of disadvantaged children and preparing them to perform better in school. My critical observations of the food stamp program are meant only to point out the need for improvements which I believe will make the food stamp program more effective.

Consequently, I recommend the following:

1. Increase the food stamp allotment by 25%.

2. Remove the requirement that recipients seek work in all counties or states where real unemployment exceeds 7%. This would eliminate the obligation of food stamp recipients to prove and document their failure to find work.

3. Eliminate recertification for the chronically unemployed and people with fixed incomes by obligating them to inform the agency of any long-term change in income that exceeds $100 a month and requiring recipients to inform the agency of any lump sum benefit in excess of $1,000.

4. Continue food stamp eligibility for 6 months after a head of household becomes employed, to help the household get its bills paid and re-establish itself.

5. Cease the practice of penalizing states where the error is in favor of hungry people. Assume a predictable error rate

and penalize states on the basis of denial of stamps when a family is entitled to them by awarding double stamps.

PREPARED STATEMENT OF BARBARA K. GARLAND, MPH, PHD., DEPARTMENT OF COMMUNITY MEDICINE, WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE, MORGANTOWN, WV

It is recognized that the economic potential of any society is dependent on the health and vitality of the individuals in it- and that the wellbeing of those individual is, in turn, dependent on the quality and quantity of food available to each member of the group. This is especially true for those individuals most vulnerable to the effects of poor nutrition.

Women of child-bearing age on poor diets are prone to inadequate weight gain during pregnancy and thus to delivering premature and low birthweight infants. These low birthweight infants are the major reason for the persistance of the high infant mortality rates in this country as well as the enormous expense encountered in trying to save as many of them as possible in pediatric intensive care units. Several hundred thousand dollars may be spent an a single infant. Later expendatures include maintenance and education, along with continuing medical care.

Malnutrition in early childhood is associated with lifelong physical stunting, decreased intellectual ability and emotional instability. Poorly nourished children become adults who are at a disadvantage both in the manual labor force and in the world of high technology. We need to insure one well-fed, well-grown generation if we are to see a fully functioning society whether we measure it economically or by the attainment of full human potential

There is ample indirect evidence derived from vital statisics and food programs in addition to the experiences of those directly involved in distributing or receiving food aid that basic food and nutrition needs are not being met in the Appalachian region. There is, however, no epidemiologically defensible data on the nutritional status of the Appalachian population. Nutrition studies from the sixties were badly biased by poor response rates and subject selection. Current data on the growth of children is derived mainly from a highly selective group of children seen in public

programs. The data from HANES, the Health and Nutrition Examination Survey conducted by the Federal government, is both out of date and based on a national sample only, therby limiting its' usefullness.

I have been looking at the growth of children in one of the more affluent counties in West Virginia. In a study of over 90 percent of all children entering the school system in 1983, I found that when compared to national growth standards, children ages five through seven were, overall, both shorter and lighter. The National Center for Health Statistics Standards used, were derived from a national probability sample which included children from various economically disadvantaged groups. These standards by no means represent optimum growth. When compared to the older Harvard Growth Standards derived from a group of clinic patients in the 1930'S and 40's, children in Monongalia County, West Virginia in 1983 appear even smaller for their age. This dispite the group of children who were found to be considerably heavier for their age.

If this is true for this county, with its' major university and medical center, what is happening in the rest of the state?

We don't know. Objective data on both nutritional and growth status is necessary to determine the extent of the problem even as action is being taken to alliviate food shortages among those we already know are in need.

West Virginia does not have the resources to face these challanges alone. There must be a Federal response, a cooperative effort to determine and meet the human needs so as to insure a healthy, vital population and a physically able, intellectually competent workforce for the future development of the region.

Among these responses would be ongoing nutrition monitoring based on sound epidemiological principles, conversion of the WIC to an entitlement program, an outreach effort aimed at increasing participation in the food stamp program among those eligible and support of the emergency food networks.

It's hard to say
Good Morning
To a day of hunger

Support WV's Food Banking Network

It's hard to say **GOOD MORNING** to a day of hunger.
We may not know it but some of our neighbors
are hungry and face days without adequate nutritious food.
Many of them are the most vulnerable -
pregnant women, children, senior citizens and the homeless.

Hunger and malnutrition in America today are national
health epidemics. The problem is more widespread and
serious than at any time during the last decade and a half.

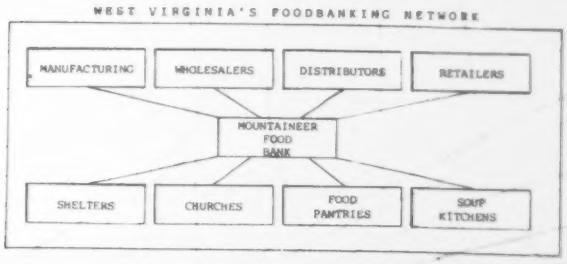
In West Virginia, hunger has lifted its angry head alot
lately through natural disasters, unemployment, and
the day-to-day struggle that leaves an economically
depressed area in constant need. The numbers
of hungry people have increased; our resources dwindled.

Hungry people in West Virginia are increasingly turning
to local programs for food. Shelters, churches, soup
kitchens and food pantries are asked daily to
open their doors and provide a life-sustaining
service. **The Mountaineer Food Bank** was
created to help these local groups by
acquiring and distributing food from
a variety of sources.

WHO ARE WE? - Much of the perfectly wholesome food manufactured in this country cannot be sold. Reasons include overproduction, mislabeling and minor damage.

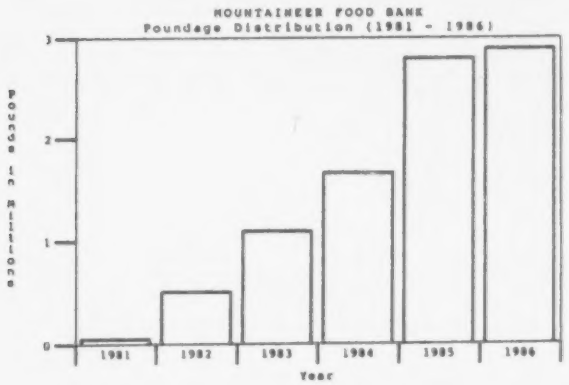
The Mountaineer Food Bank taps into this otherwise wasted resource by providing a way to store and distribute these products to hungry people. We are a non-profit warehouse located in Gassaway that distributes food and other products to over 215 community groups throughout West Virginia.

The Mountaineer Food Bank is the only West Virginia certified member of **Second Harvest**. Like us, Second Harvest is a national network committed to feeding the hungry. Through this network, we collect surplus food and other products from national companies - manufacturers, wholesalers, distributors and retailers. We then sort, store, and distribute these products and solicit local and state contributions.



An affiliate foodbank is located in Huntington, WV (Huntington Area Food Bank) and serves fourteen counties in West Virginia, Kentucky,and Ohio. A satellite distribution organization is located in Wyoming County at Coal Mountain (Southern West Virginia Evangelical Association) and serves six counties in West Virginia.

Through the Mountaineer Food Bank's extensive network, over 10 million pounds of food and surplus products have been collected and distributed to community agencies since 1981. We have continued to grow each year that we have been in operation. In 1986 alone, we served 125,000 people through our state network with 2.9 million pounds of product, valued at 4.35 million dollars.



The Foodbank is a non-profit organization run by five dedicated staff members. We do not receive state or federal support dollars. Our food and surplus products are donated. To defray the expenses of staff salaries, warehouse space, utilities and transportation, local agencies pay a nominal fee of 12 cents per pound for product.. Grants and donations are sought to supplement the Bank's continuing need for special programs and equipment.

GIVING TO MOUNTAINEER FOOD BANK

SURPLUS FOOD AND OTHER PRODUCTS . . .

Donating food and other surplus products is simple. Corporations need only make one phone call (364-5518) to arrange for donations - leaving the rest to Mountaineer Food Bank and the distribution network. Each donor is provided with a detailed receipt for inventory and tax purposes.

Our member community agencies provide the link to hungry people in local communities. Distribution to these agencies is provided by a large truck that routinely stops at central spots around the State. Some items are picked up at the Foodbank.

Donating surplus items to Mountaineer Food Bank and it's member agencies is an excellent way to make a substantial contribution to a charity that serves the needs of West Virginians. Donors will also realize the benefits of federal and state tax deductions. The Tax Reform Act of 1976 allows qualified corporations to deduct certain costs on inventory items donated to 501 (c)(3) IRS designation. In 1983, West Virginia passed a "Good Samaritan Law" which protects donors from liability if the contribution is given to non-profit religious or charitable organization.

ONGOING FINANCIAL AND VOLUNTEER SUPPORT . . .

Mountaineer Food Bank and it's member agencies continue to need financial support from individuals and organizations. In order that we might grow, strenghten our network, and feed more people, the Foodbank is asking for your financial support. For every dollar donated, ten dollars worth of food is distributed!

PREPARED STATEMENT OF REGINIA S. LIPSCOMB, COMMISSIONER, WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES

Mr. Chairman, members of the House Select Committee on Hunger, I would like to begin by expressing my appreciation for the opportunity to attend this forum on the issues of hunger and poverty in America. It is an honor that your distinguished committee has selected West Virginia and its programs as the focal point of your discussions today.

West Virginia is well-known for its initiative in administering food and nutrition programs. As you may be aware, the nation's first food stamp was issued in McDowell County, about 100 miles from this site, in 1961. West Virginia also established the first statewide food stamp program in the country in 1968 and was the first to offer all food stamp recipients the option of mail-out issuance in 1970.

Our innovative administration of the food stamp program, and our effective operation of the State's public assistance and donated food programs, makes West Virginia uniquely qualified to identify barriers in the present system and offer practical suggestions on ways to make our food and nutrition services more accessible to the public.

In West Virginia, complex food stamp policy is one obstacle to participation in the program. Workers in our state determine eligibility for both the AFDC and food stamp programs, a method of operation similar to that of other rural states. We have found that food stamp policy requirements are more often difficult to apply than

those for public assistance.

For example, the methods of determining the value of vehicles differ, as do the methods of counting student loans and grants.

Differences also exist in the manner child support is counted. The first $50 of child support received each month is not counted as income for AFDC, but is counted under the food stamp program.

Although there has been some movement toward making eligibility requirements more consistent, West Virginia sees a need for stronger advocacy for efforts that will streamline the eligibility process and will create a more efficient delivery system.

Aged and disabled Americans on fixed incomes, especially those who live in rural areas, are often affected by another set of barriers in the system.

Many of these individuals have no access to public transportation and find it difficult to travel to food stamp issuance and certification sites.

Although West Virginia's mailout policy has eliminated the need for program participants to pick up their food coupons at the local offices of the Department of Human Services, clients are still required to visit our offices for recertification every three to twelve months.

The State is examining the possibility of extending the

certification period for elderly and disabled individuals on fixed incomes to ease that burden. We are also looking at alternate ways of completing the certification, including methods that employ the telephone or mail-in/mail-out forms.

West Virginia, and other states, could implement these program enhancements more easily if federal law and policy allowed us the flexibility to effect changes without requesting waivers. I believe this freedom to design programs is crucial if we are to effectively address the unique needs of our state's citizenry.

The State of West Virginia is committed not only to the efficient provision of benefits for the needy, but also to efforts, such as employment and training, that will encourage independence from the welfare system. However, participation in these training activities often has a negative impact on the family's purchasing power of food.

One major factor is the cost of child care. Therefore, I believe there is need for an increase in the deduction for dependent child care expenses for the working poor and the unemployed. An increase in the child care deduction will provide the client with a larger food stamp allotment while he or she is striving for self-sufficiency.

West Virginia has dramatically impacted the nutritional health of the State's citizens through our commodity distribution programs.

West Virginia's surplus food program, which provides commodities for the school lunch program, is notable for its delivery of food to schools in each of our 55 counties. As you may be aware, many states require school systems to pick up their commodities at a central location.

The State has placed a priority on enhancing this program further in an effort to improve the nutritional well-being of West Virginia's school children.

The Temporary Emergency Food Assistance Program, or TEFAP, is extremely popular with the State's citizens. West Virginia has always accepted its full allocation of donated foods as well as unclaimed portions of commodities offered to other states.

The State has continued to place an emphasis on the recruitment of community agencies to assist in the distribution of commodities. The involvement of these agencies provides our citizens with improved access to the program and creates for us an active network of concerned and committed volunteers.

A recent example of this effort was Governor Moore's grant award to the Eastern West Virginia Community Action Agency. The $14,511 grant was awarded to fund the installation and operation of a toll-free, shared food telephone access line at the Mountaineer Foodbank

in Gassaway.

The grant will allow food pantries located throughout West Virginia to save money by practically eliminating the need for each food pantry to make hundreds of dollars worth of long distance telephone calls in their search for commodities to stock their shelves. The money saved by the food pantries could then be used to better serve the low-income residents of the State.

The State is concerned about recent cutbacks in the commodities program. I believe it is very important that the federal government continue a strong commitment to families in the provision of food. Our families must be able to access the same amounts of nutritious foods for its members.

The continuance of TEFAP is receiving considerable debate in the Congress and I would urge you to keep in mind the impact on our clients as you decide the fate of this program or consider other options such as an increase in the food stamp allotment.

In summary, West Virginia believes that barriers to hunger and poverty can be eliminated through:

* Consistency in federal regulations;

* Flexibility for states to operate programs;

* Increased support services, such as child care, for those entering Work and Training programs

* An enhancement of food commodity levels.

Samuel Johnson said, "A decent provision for the poor is the true test of civilization."

I believe we all recognize the importance of developing measures that will allow the needy to gain independence from poverty and hunger. And I believe we all agree that there is need for a healthy partnership between federal and state government and the public at large if we are to make progress toward that goal.

Public forums like this one provide an opportunity for interested parties to provide suggestions on ways to enhance the present system of public aid. The Department of Human Services is most appreciative of your invitation to contribute to the proceedings today and stands ready to assist the House Select Committe on Hunger in every way possible in the future.

YEAR	WEST VIRGINIA POPULATION		AID TO FAMILIES WITH DEPENDENT CHILDREN/ UNEMPLOYED PARENTS	FOOD STAMPS	TEMPORARY EMERGENCY FOOD ASSISTANCE PROGRAM
1983	1,963,000	RECIPIENTS	77,102	258,822	396,400
		% of POP	3.93%	13.19%	20.19%
1984	1,951,000	RECIPIENTS	92,901	274,111	439,314
		% of POP	4.76%	14.05%	22.52%
1985	1,936,500	RECIPIENTS	103,890	272,275	328,726
		% of POP	5.36%	14.06%	16.98%
1986	1,918,000	RECIPIENTS	113,235	272,861	431,656
		% of POP	5.90%	14.23%	22.51%
1987	1,887,000	RECIPIENTS	115,178	273,490	434,212
		% of POP	6.10%	14.49%	23.01%

PREPARED STATEMENT OF PATRICIA MOSS, ASSISTANT DIRECTOR, MATERNAL AND CHILD HEALTH, WEST VIRGINIA DEPARTMENT OF HEALTH

HEALTH STATUS REPORT

West Virginia ranks poorly when compared with the other states in the incidence of adverse pregnancy outcomes, including low birthweight infants and preterm births, and selected chronic diseases. These problems are exacerbated by the very serious economic problems that are directly related to a consistently faltering State economy which has resulted in a decrease in the workforce and an increase in the number of families now living in poverty. The State's budget has undergone dramatic decreases and revisions, and essential health and medical services to a high risk population of women, infants, and children are in jeopardy.

Since 1980, the major industries of coal, steel, and chemicals have been undergoing permanent structual changes that have resulted in a decrease in the work force, and the number of families now in poverty, 15 percent, far exceeds the national average. According to a recent survey, between 43-56 percent of all pregnant women in West Virginia are living in poverty. During the period of 1981-1987, the total State budget was decreased. For example, the West Virginia Department of Health, 1986-87 budget, was reduced by approximately $20 million including both State and Federal funds, which has adversely affected the funding for medical and social agencies under contract to deliver essential services.

Continuous economic problems have placed the health care system in a precarious situation. For example, nutritional and dietary behavior continues to be a major concern of health practitioners because public health data now link the high rates of adverse pregnancy outcomes and the high morbidity and mortality rates of heart disease, cancer, and diabetes to nutritional and dietary behavior. Appendix I contains tables that reflect the high rates of adverse pregnancy outcomes and the rates for heart disease, cancer, and diabetes in two regions of West Virginia. These identified regions (see Appendix II) will receive benefit of a multidisciplinary effort, beginning in 1988, to improve

pregnancy outcomes and reduce the frequency of chronic disease. The focus of concern will be high risk pregnant women, infants, and children primarily, but not exclusively, enrolled in the WIC program and eligible for Medicaid. It is important to note that only 30 percent of those eligible for WIC actually enroll in that program. In addition, we suspect that included in the potentially eligible WIC population is a significant number of obese women, infants, and children with high levels of serum cholesterol since they consume enormous quantities of fat. We are also concerned about their high salt intake. The Centers for Disease Control developed a formula that is reflected in the three chronic disease rates and are translated into Years of Potential Life Loss (YPLL) for each disease. As indicated in these tables, West Virginia leads the Nation in morbidity and mortality rates for heart disease and ranks near the top in these rates due to cancer and diabetes.

According to the Centers for Disease Control, about 28 percent of the 1.9 million population in West Virginia is overweight or obese. A recent study by the West Virginia Department of Health shows that about 17 percent of the females age 17 to 34 are obese, while 28.4 percent of the females age 35 to 54 are obese. The vast majority of these females are eligible for WIC because of low-income levels of the families. Although we do not have "hard" data on the prevalence of obesity among mothers and children less than 17 years old, we do know that a large percentage of this age group is obese. These dietary problems are directly related to the development of heart disease, diabetes, and hypertension, while evidence links the intake of fats within the development of some cancers.

The demonstration project will be used as a vehicle for assessing intervention and education activities designed to positively improve the health status of West Virginians.

APPENDIX I

TABLE 1

ADVERSE REPRODUCTIVE OUTCOMES

NUMBER OF LIVE BIRTHS, LOW BIRTHWEIGHT (2,500 GMS) RATE,

BIRTH DEFECT, INFANT AND FETAL DEATH RATES PER 1,000 LIVE BIRTHS

BY SELECTED COUNTIES IN WEST VIRGINIA

1980-84

MID-OHIO VALLEY HEALTH CENTER ADMINISTRATIVE REGION
PARKERSBURG

County	Live Birth	LBW Rate	Birth Defect Rate	Infants Death Rate	Fetal Death Rate
Calhoun	677	70.9	14.8	11.8	5.9
Pleasants	569	59.8	10.5	21.1	7.0
Ritchie	767	74.3	11.7	14.3	9.1
Roane	1,230	63.4	17.1	13.0	6.5
Wirt	403	67.0	9.9	9.9	2.5
Wood	6,467	62.9	7.3	11.9	10.7

Source: Health Statistics Center, West Virginia Department of Health (June, 1987).

APPENDIX I

TABLE 2

ADVERSE REPRODUCTIVE OUTCOMES

NUMBER OF LIVE BIRTHS, LOW BIRTHWEIGHT (2,500 GMS) RATE,

BIRTH DEFECT, INFANT AND FETAL DEATH RATES PER 1,000 LIVE BIRTHS

BY SELECTED COUNTIES IN WEST VIRGINIA

1980-84

SOUTHERN WEST VIRGINIA REGIONAL HEALTH COUNCIL
PRINCETON

County	Live Birth	LBW Rate	Birth Defect Rate	Infants Death Rate	Fetal Death Rate
Fayette	4,022	71.1	22.1	10.4	11.7
Logan	3,757	77.5	8.0	12.2	10.4
McDowell	3,886	99.3	14.2	16.0	13.1
Mercer	4,946	88.4	10.3	13.3	12.9
Mingo	3,416	83.4	12.3	11.7	11.7
Monroe	888	58.6	25.9	13.5	9.0
Raleigh	5,881	70.7	15.0	13.6	12.9
Summers	1,049	80.1	24.8	19.1	13.3
Wyoming	2,589	76.1	10.0	10.8	6.9

Source: Health Statistics Center, West Virginia Department of Health (June, 1987).

APPENDIX I

TABLE 3

GESTAGE BY TRI
WEST VIRGINIA RESIDENT BIRTHS
1985

Gestage* (weeks) Frequency	TRI (Care Began) First	Second	Third	None	Total
17-27	86	43	17	7	153
28-31	143	76	6	7	232
32-35	673	296	65	19	1,053
36	543	190	38	15	786
37	1,024	294	62	10	1,390
38-39	5,531	1,375	312	38	7,256
40+	8,379	2,812	664	62	11,917
Total	16,379	5,086	1,164	158	22,787

*Gestational Age is measured from date of last menses to date of birth.

Source: Health Statistics Center, West Virginia Department of Health (June 1987).

APPENDIX I

TABLE 4

COMPARISON OF YPLL RATES FOR HEART DISEASE, CANCER, AND DIABETES FOR WEST VIRGINIA AND THE UNITED STATES (1980)

	Observed	Expected	
Cause of Mortality	West Virginia	United States	YPLL Rate Ratio
Heart Disease	1,031	839	1.23
Cancer (Malignant Neoplasms)	917	912	1.01
Diabetes Mellitus	63	56	1.13

LEGEND:

Formula: WV U.S.
1,031/839 = 1.23

YPLL means Years of Potential Life Lost and is one method of emphasizing mortality in younger age groups by expressing death in terms of years of life lost rather than in the number of deaths that actually occurred. To calculate the ratio, we divided the observed number of deaths in each group by the expected (actual) death occurrence (U.S. average).

The assumption is that each individual has "70" productive years of life.

APPENDIX II

MAP
OF
WEST VIRGINIA
SHOWING
DEMONSTRATION PROJECT
Morgantown
Parkersburg
Charleston
Princeton
MARYLAND
PENNSYLVANIA
OHIO
KENTUCKY
VIRGINIA

WEST VIRGINIA DATA SHEET

1987

Population: (Blacks Comprised 3.6%)	1.9 Million
Births:	22,280
Births to Medically Indigent:	9,600* or 43% of W.Va. Births *We believe this number is too low.
Births to Mothers With Education Education Less Than 12 Years:	26.7% or 5,949
U.S. Average:	18%
Births to Teens (Age 10-19 Years):	17.1% or 3,808
Births to Blacks:	4.1% or 891
Number of Low Birthweight Infants:	7.1% or 1,589
Infant Deaths:	217
White Deaths: 201 Black Deaths: 16	

58% of the infant deaths in W.Va. were low birthweight.

W.Va. IMR (1987 Provisional):	9.7%
U.S. IMR (1986 Provisional):	10.4%

FACT SHEET

EVIDENCE OF NUTRITIONAL NEED IN WEST VIRGINIA

The Women, Infants and Children Supplemental Food Program (WIC)
Division of Maternal and Child Health

- This program, administered by the West Virginia Department of Health, Division of Maternal and Child Health, provides supplemental foods and nutrition education to income eligible pregnant, postpartum and breastfeeding women; infants; and children up to age five (5) years.

- The potentially eligible WIC population in West Virginia is 114,000. At present funding levels, WIC is serving 32,868, or 29% of the targeted population.

- In 1985, West Virginia WIC served 29% (27,204) of the 93,289 potentially eligible. In spite of WIC funding increases, the program is unable to keep pace with the ever increasing service demand in West Virginia.

- A comparison of the 1985 to the 1988 enrollment information specific to the average number of women, infants and children served is as follows:

1985	1988
4,353 Women	5,295 Women
7,345 Infants	9,095 Infants
15,506 Children	18,478 Children

In 1985, there were more than 10,000 indigent births in our state, all of whom were potentially eligible for WIC benefits. In the same year, there were 1,664 low birthweight infants born in West Virginia.

- A concerted effort to improve low birthweight rates in West Virginia has resulted in WIC services being targeted to priorities I and II, with enrollments as follows in 1988:

36% Women	**Priority I**	Pregnant or breastfeeding women, and infants at nutritional risk, generally determined by hematological or anthropometric measures.
6% Infants	**Priority II**	Infants up to 6 months of age born to WIC participants, or mothers who were eligible for WIC, but not enrolled at time of delivery.
56% Children	**Priority III**	Children "at risk", as determined by hematological/anthropometric measures, or medical conditions requiring special interventions.
2%	**Priority IV-VII**	Pregnant or breastfeeding women, infants, and children at risk because of inadequate dietary patterns.

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Nutritional Deprivation Manifests Itself Throughout a Lifetime.

- Women who have not developed a pelvic structure sufficient to allow the fetus to attain full size, contribute to the low birthweight problem.
- Effects on the skeleton may be displayed in the form of increased frailty or osteoporosis in later life.
- Malnutrition of infants and young children is frequently associated with increased susceptibility to infectious disease. As nutritional status is impaired, particularly in respect to vitamins A and C and to protein, the immune system becomes compromised.
- A fetus deprived of adequate nutrients will be small, and if deprivation occurs late in the pregnancy, the body system will try to protect the developing infant brain, causing the head of the infant to grow disproportionately to the body.

Improving Nutrition Services and Health Care Access in West Virginia

- Beginning in Fiscal Year 1988, the Division of Maternal and Child Health instituted a targeted marketing plan to identify and encourage the participation of pregnant women in the WIC Program. The marketing strategy includes a letter to every pregnant woman not currently enrolled on WIC, but identified as pregnant by virtue of enrollment on Medicaid.
- Effective July 1, 1988, the West Virginia Department of Human Services will expand Medicaid coverage to include pregnant women with incomes up to 150% of the federal poverty guidelines and children residing in families at or below 100% of the federal poverty levels ($11,652.00 for a family of four).
- Also effective on July 1, the West Virginia Department of Human Services will make available a simplified Medicaid application form, which can be completed by the applicant.
- On April 1, 1988, standardized eligibility criteria was implemented for all Maternal and Child Health programs which provide services to mothers and children, such as WIC; Early and Periodic Screening, Diagnosis and Treatment Program, etc.
- July 1, 1988, WIC applicants who have a Medicaid card, are food stamp recipients, or are participants in the Department of Health, Pediatric Program, for non-Medicaid, low-income children will be automatically income eligible for WIC.
- Nutrition Services, presently located within the Division of Local Health Services, will be reassigned to the Division of Maternal and Child Health, to facilitate the provision of nutritional services and education as an integral part of comprehensive health care to families.

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Prepared Statement of Ngaire M. van Eck, EdD., EFNEP Coordinator, West Virginia University, Morgantown, WV

Mr Chairman, Representative Panetta, Representative Staggers, Ladies and Gentlemen:

My report deals with the West Virginia University Expanded Food and Nutrition Education Program (EFNEP) which is reaching young families in ten counties in southern West Virginia. I will cover three areas:

1) How the WV program operates
2) What are results in terms of dietary improvements and other benefits to participants
3) Special barriers to improved quality of life for rural families.

1) The selection of current locations was based on the greatest potential for recruitment, those counties with the largest numbers of needy young families with children under 18 years of age. They are Cabell, Kanawha, Lincoln, Logan, McDowell Mercer, Mingo, Raleigh, Wayne and Wyoming. The youth program functions in all but Cabell and Kanawha, which serve low-income youngsters through the urban youth program.

With the allocation of $942,695 in FY-87, EFNEP reached about 2,000 adults and over 5,000 4-H youth through the work of 39 paraprofessionals (29 FTE), more than 550 volunteers and with professional input equivalent to 4 FTE.

Those enrolled families displayed the following characteristics:

Race:	15% black (state average 5%)
HH Age :	80% under 35 years, and half of those ubder 25 years
Education:	44% finished high school or GED - only 12% had completed 8th grade or less.
Place of Residence	More than 70% rural (communities under 10,000 inhabitants).
Employment :	27% families had an employed head of household.
Assistance Programs :	75% received Welfare assistance
	90% received food stamps (national EFNEP average: under 70%)
	46% received WIC support.
Youthclubs :	220 school clubs; 19 community-based groups, including summer camping.

In summary, program families were mostly rural, white, young, unemployed, had finished at least one year of high school and were dependent on food stamps, Welfare and WIC support

2) In conducting the teaching mission, nutrition aides work with homemakers for up to 12 months. In 1987, 16% were taught in small groups and the rest were worked with individually in their homes. The current program emphasis is to improve efficiency by increasing group teaching wherever possible.

On enrollment, dietary patterns of homemakers generally have shown that milk foods and vegetables and fruits were lacking. Diets in West Virginia rarely show breads/cereals or meats to be missing. (Meats include dried beans, eggs poultry, fish and red meat). EFNEP teaching efforts focus on increasing milk foods and including a variety of vegetables in family meals as well as economical, healthful food preparation. Nutrition aides work hard to help homemakers plan their meals and shop more economically. Improved management of the food dollar often helps needy families in other aspects of their lives.

In FY-87, about 25% of participants achieved a well-balanced diet (national average for EFNEP) and almost 80% were eating at least one serving from each food group (showing a better balance) after six months in the program. In addition, nutrition aides reported that over half the homemakers showed growth in personal development as indicated by greater independence, improved coping skills and greater pride in themselves. About 10% continued their formal education or found new or better jobs.

3) How is today's EFNEP participant different from those of 15 years ago?

She is younger, has a smaller family, is better-educated, and is more self-assertive. She is greatly influenced by the media, and by television in particular.

Constraints on rural families still remain, mostly because of lack of employment opportunities and transportation difficulties. Cost of transportation, such as paying a neighbor for a lift to a supermarket, adds to cost of food. It also affects ability to make a commitment to join a group.

A special dilemma for young single homemakers:
She may wish to work, but has a need to retain her medical card

<u>Special value of EFNEP as an educational program</u>:

Although EFNEP is costly, its objectives are focused and practical. I believe it bridges gaps left by other food assistance programs.
While schoos do teach nutrition and health concepts, today's young people do not know how to plan and cook meals from basic foods. The nutrition aide cannot perform miracles, but she does help improve diets and help families better manage their resources.

Prepared Statement of Geraldine Shropshire, Executive Vice President, United Community Services

The following are a few cases among many which United Community Services is faced with on a daily basis. The need is ever present with the solution hard pressed. The hunger and other areas of need by far surpasses the means made available to deal with. The purpose of U.C.S. is to try to ease the pressing problem of each individual and leave them with the dignity they as human beings deserve.

Danny Palmer: no income

Single male- 60 years of age - is unemployable due to age and medical problems. Has applied for social security but been denied. Has applied for medical attention at local hospital and was denied because he had no medical coverage.

John Lee Bragg - no income

Single male - 50 years of age - has medical problems. Has applied for social security but been denied on several occasions. Is not employable.

Dennis "Buck" Evans - no income

Single male - 56 years of age. Has medical problems. Does not fully understand. Possibly be eligible for social security/SSI but would need assistance in applying.

Diana Lynn Sigler - no income

Single parent - 38 years of age with one eight year old son. Spends time in VA Hospital. Possible would be eligible for social security but would need assistance in applying.

Robert W. Johnston

Receives $597.00 social security - 59 years of age - wife 49 and daughter 19 at home. Mr. Johnston is a cancer patient on daily medication. He has no regular medical insurance so therefore is often denied medical attention when needed. Must meet an $1,800.00 spend-down at Department of Human Services every six months to qualify for medicad card. United Community Services contacted the American Cancer Society and was told funds are directed mostly for research so cannot receive help on his medication through them. Mrs. Johnston also is disabled due to seizures with no medical coverage.

The attached is a five and half months breakdown of United Community Services' food pantry. Along with a number of direct services which includes rent, utilities, medication, information and referral and counceling, U.C.S. operates a food pantry which provides emergency food to those in need. Unlike other pantries which are open one or two days a week at best and restricts eligibility to once or twice yearly, U.C.S' food pantry is open five days and the only requirement is need.

UNITED COMMUNITY SERVICES, INC.
EMERGENCY FOOD BREAKDOWN
THREE OFFICES COMBINED

Emergency Food January 1 to June 17, 1988

Total Number of Applications - - - - - 169
Total Number of Household Members - - 499
Total Number of Meals Served - - - --4,573

UNITED COMMUNITY SERVICES, INC.
EMERGENCY FOOD BREAKDOWN

OAK HILL OFFICE

Emergency Food February to May 1988

Total Number Applications - - - - - - - - 48
Total Number Household Members - - - - 152
Total Number Meals Served - - - - - -1,368

MONTGOMERY OFFICE

Emergency Food January 1 to June 17, 1988

Total Number Applications - - - - - 107
Total Number Household Members - - 309
Total Number Meals Served - - - - 2,881

GAULEY BRIDGE OFFICE

Emergency Food February to May 1988

Total Number Applications - - - - - - - 14
Total Number Household Members - - - - -38
Total Number Meals Served - - - - - - -324

Compiled by Janet Fauber - June 21, 1988

Prepared Statement of Evelyn Joshua Jones, Founder/Director, Martin Luther King Junior Community College, Mount Hope, WV

I'm Evelyn Jones, founder/director of the Martin Luther King Junior Community College in Mount Hope, WV. I worked with groups in Chicago, Illinois in the 50's and 60's on health, housing and human needs etc. I find that today in the State of West Virginia (the most poverty ridden state) that there are gross inadequacies in health education and human needs and especially among the poor and low income people.

Ignorance is the basis of our knowledge here. We don't know how to reach our superiors and authorities; especially those who make the laws and decisions for us.

I once had a course in college on how to make decisions, but I was never able to make it a reality here in West Virginia because of the increased "bureaucracy".

Only those in authority can speak (policy makers, that is). But I'm speaking from the authority of God--You will either give us the rights to fair and good health care - or yours will be taken. The Bible says "God has no respect of persons". We all belong to him.

If then you are not my brother, you can't hear me. The Bible says, "He that has an ear let him hear". Amos says "can you hear the cries of the poor, the sick, the down-trodden, lonely and sad people?"

Please hear today and put this statement in the congressional record on health.

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